



SPECTRUM

Solutions to Your Environmental Challenges

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL		
PLEASE PRINT USING BALLPOINT PEN		
LAST	FIRST	MIDDLE
CONTACT INFORMATION (email, phone or address so we may contact you about your application)		
HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.		
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OR WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR. AND/OR NAME IF UNDER ANOTHER NAME?.		
HOW WERE YOU REFERRED:		
GENERAL INFORMATION		
PLEASE NOTE: IF YOU ARE AGE 18 OR YOUNGER, DOCUMENTATION (IE. WORK PERMIT) ESTABLISHING YOUR ELIGIBILITY TO WORK AS REQUIRED BY FEDERAL AND/OR STATE LAW IN CERTAIN OCCUPATIONS MAY BE REQUIRED AT HIRE.-FEDERAL AND/OR STATE LAW MAY RESTRICT MINORS FROM FILLING CERTAIN OCCUPATIONS.		
PLEASE NOTE: ONLY THOSE WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. UPON EMPLOYMENT YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES.		
SCHEDULE AVAILABILITY: <input type="checkbox"/> I am available and interested in a FULL-TIME position. <input type="checkbox"/> I am available and interested in a PART-TIME position.		
Specific work shift times for available positions will be covered by the hiring manager. When requested, the company will attempt to make reasonable accommodation for applicant and employee protected needs as long as this does not cause an undue hardship on the company.		
NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE.		
WAGE DESIRED	DATE AVAILABLE FOR WORK?	

Spectrum Environmental Services, Inc.
85 Spectrum Cove
Alabaster, Alabama 35007

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

List education information if it relates to the position(s) for which you are applying

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

DRIVING POSITION ELIGIBILITY

Do you currently have a valid driver's license: yes / no

Type of license held: (circle all that apply)

Standard CDL-A CDL-B Endorsements: H N T X Other:

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment or are related to the position(s) for which you are applying.

BUSINESS REFERENCES

1	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN
2	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Company that such employment is at will, for no specified duration and may be terminated by either the Company or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Company or its representatives used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of the Company except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Company.

In consideration for employment with the Company, if employed, I agree to conform to the rules, regulations, policies and procedures of the Company at all times and understand that compliance with company policy is a condition of employment. I understand that if offered a position with the Company, I may be required to submit to a post-offer pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Company and/or any of its representatives, agents or vendors. I hereby authorize the Employer to investigate me and the information I have submitted for the purpose of evaluating me for employment, promotion, assignment, reassignment, discipline and/or retention and to make and investigation of my background, including but not limited to, references, character, past/present employment, education, credit, motor vehicle records, drug screening records, federal, civil, criminal and police records, including those maintained by both public and private organizations and all public records for purpose of confirming the information contained on my application, resume or in other supporting documentation and/or obtaining other information, including personal interviews with those acquainted with me, which may be material to my qualifications for employment.

I understand that the company and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling and release of information obtained. This application contains my true and complete legal name and all information on this document is true and correct to the best of my knowledge. I understand that the information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I further understand this signed consent hereby authorizes the Employer, and/or its designated agents, to conduct necessary, random and/or periodic background investigations as a requirement of my continued qualifications. A telephonic facsimile (fax) or a photographic copy of this authorization shall be as valid as the original.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

THIS EMPLOYER IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

DISCLOSURE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

SourcePointe of Alabama, LLC and **SPECTRUM INDUSTRIAL SERVICES, INC**

Hereinafter referred to as **The Company**, may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification, and information concerning workers' compensation claims (only once a conditional offer of employment has been made). Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you, and the nature and scope of any investigative consumer report, and request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Services, 2500 Southlake Park, Birmingham, AL 35244, toll-free 866.859.0143, www.es2.com or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing SourcePointe of Alabama, LLC and The Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, 2500 Southlake Park, Birmingham, AL 35244, toll free 866.859.0143, www.es2.com, or another outside organization acting on behalf of SourcePointe of Alabama, LLC and The Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Minnesota and Oklahoma applicants or employees only: Check this box if you would like to receive a free copy of a consumer report if one is obtained by the Company.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Signature of Employee or Prospective Employee

Date

APPLICANT INFORMATION: TO BE COMPLETED BY APPLICANT: PLEASE USE BLACK INK

The following is for identification purposes only to perform the background check and will not be used for any other purpose.

Print: Last Name	First Name	Middle Initial	
Date of Birth	Social Security Number	Driver's License Number	State
Current Address:	City	State	Zip Code
Previous Address (Past 7 Years):	City	State	Zip Code
Alias Names (Other names I have been known by):			
Degree Obtained	Year Graduated	Name of School	City and State of School

**Acknowledgement of Costs and Potential Costs
of Employment Screenings**

Agreement to Pay and/or Reimburse Company

The Spectrum family of companies has a vital interest in maintaining a safe and effective working environment for its employees. For these reasons, the company may perform various screenings on applicants. These can include: drug, alcohol, physical, respirator evaluation, audiogram, motor vehicle, criminal and credit background checks.

If you leave the employment of the Spectrum family of companies before completing at least ninety (90) calendar days of service, the company will deduct from your last check(s) the costs of performing employment screenings, including: drug, alcohol, physical, respirator evaluation, audiogram, motor vehicle, criminal and credit.

By my signature below, I further acknowledge that I will be responsible for reimbursing the company the costs of performing employment screenings, including: drug, alcohol, physical, respirator evaluation, audiogram, motor vehicle, criminal and credit. The items initialed by me below are those items, which I will be responsible for, in the event I leave the company's employment before ninety (90) calendar days are complete, from my start date.

Drugs and/or Alcohol Test	Cost: _____	Applicant's Initials _____
Physical Screening	Cost: _____	Applicant's Initials _____
Respirator Evaluation	Cost: _____	Applicant's Initials _____
Audiogram	Cost: _____	Applicant's Initials _____
Criminal Background	Cost: _____	Applicant's Initials _____
Motor Vehicle	Cost: _____	Applicant's Initials _____

Signature of Acknowledgement and Understanding

Name of Applicant (Please Print)

Applicant's Signature

Date