

# Elite Compression Services – Employment Application

PLEASE FILL IN EACH SECTION COMPLETELY.

CONFIDENTIAL BACKGROUND INFORMATION				
PERSONAL INFORMATION				
Date		Social Security #		Driver's License # & State
First Name	Middle Name	Last Name		Maiden Name
Current Street Address		Apt #	City, State, Zip Code	
Home Telephone #	Cell Telephone #	E-mail Address		
DESIRED EMPLOYMENT				
Position Desired		Date you can start		Desired salary
How were you referred? Self___ Website___ Agency___ Friend___ Employee___ (name of employee _____) Other___				
Are you 18 years of age or older? Yes___ No___				
Have you ever worked for Elite Compression Services? Yes___ No___ If yes, when? _____				
Have you ever applied for a position with Elite Compression Services? Yes___ No___ If yes, when? _____				
Are you a US Citizen or legally authorized to work in the United States? Yes___ No___				
Are you currently Employed? Yes___ No___ If so, may we contact your current employer? Yes___ No___				
PREVIOUS ADDRESSES (Account for past 7 years, including dates):				
Street	Apt #	City, State, Zip		County
EDUCATIONAL BACKGROUND				
School	Major/Area of Study	Years Attended	Degree Earned	
High School Name & Location				
College/University Name & Location				
Graduate School Name & Location				
Other				

## ELITE COMPRESSION SERVICES – CONFIDENTIAL BACKGROUND INFORMATION

WORK BACKGROUND			
<b>List your employers for the last seven (7) years, starting with you current/most recent employer.</b>			
Current/Most Recent Employer	Position Held	Name of Supervisor	Address of Employer
Start Date	End Date	Beginning Salary	Ending Salary
May we contact your Supervisor? Yes ___ No ___	If yes, please provide your supervisor's contact information.	Supervisor's Phone Number	Supervisor's Email
Current/Most Recent Employer	Position Held	Name of Supervisor	Address of Employer
Start Date	End Date	Beginning Salary	Ending Salary
May we contact your Supervisor? Yes ___ No ___	If yes, please provide your supervisor's contact information.	Supervisor's Phone Number	Supervisor's Email
Current/Most Recent Employer	Position Held	Name of Supervisor	Address of Employer
Start Date	End Date	Beginning Salary	Ending Salary
May we contact your Supervisor? Yes ___ No ___	If yes, please provide your supervisor's contact information.	Supervisor's Phone Number	Supervisor's Email
<b>CRIMINAL BACKGROUND</b>			
Have you ever been convicted of a crime, pleaded guilty or no contest (nolo contendere) to a crime, or received deferred adjudication for a crime (other than a minor traffic violation)? Yes___ No___			
<i>(A criminal conviction is not necessarily a bar from employment. The nature and time of the offense will be taken into consideration.)</i>			
If YES, Please provide an explanation (including dates):			

I certify that all the information provided by me in this document is true and complete, and I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire, or if hired, termination. I hereby authorize Elite Compression Services and/or any of their authorized agents to gather information regarding the following:

1. All records including criminal, credit, driving (where required by position), and/or education.
2. Information from previous employers.
3. Any other pertinent information relating to the successful function of the job for which I am applying.

Additionally, I authorize any of the persons or organizations referenced in this questionnaire to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this questionnaire, and I release all such parties from all liability from any damages which may result for furnishing such information to Elite Compression Services.

I understand a background profile verification will be conducted to ensure the business standards of Elite Compression Services and that its contents will be kept confidential. If I am employed with Elite Compression Services, I authorize the reinvestigation of any of the above information, at any time, during my term of employment. I understand that any offer of employment is contingent on completion of a satisfactory background investigation, passing a pre-employment drug screen and providing proof of U.S. citizenship or right to work in the U.S.

If employed, I agree to conform to the rules and regulations of the company and acknowledge that my employment is at-will, and that my employment can be modified or terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I hereby acknowledge that I have read and understand the above statements.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
DATE

# Elite Compression

## AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

In connection with my application for employment or continued employment at Elite Compression (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.

Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.

I acknowledge that under provision of the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer report and/or investigative report. I acknowledge that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize, without reservation, any reference, agency, institution, firm, school, employer, or other applicable record source contacted by Elite Compression or its agent, to furnish the information about me described in this release.

I hereby authorize Elite Compression to obtain and prepare a consumer report and/or investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print clearly

Full Name: \_\_\_\_\_  
Signature

**\*\*\*\*\*THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS\*\*\*\*\***

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Maiden Names/Prior Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

DL Number: \_\_\_\_\_ DL State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**

# MOTOR VEHICLE RECORD (MVR) POLICY

It is the policy of Elite Compression Services, LLC to obtain the detailed driver information (MVR) on each prospective driver before an offer for employment is extended to the individual. Management will review the MVR to ascertain if a valid license is held and if the driving record is within the parameters set by company driving policy. A “driver” is someone who could not perform the duties assigned to them without driving a vehicle.

By signing this policy, I understand that management conducts an annual review of each driver’s driving performance. Based upon the outcome of the annual review, the driving exposure, and the losses experienced during the past year, MVRs may be ordered and reviewed. As a company policy MVRs are checked regularly on all employees’ driving records. Employee records that are found to not meet the criteria set by management, driving privileges may be revoked, or other disciplinary action may be taken.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
State Issued

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Expiration Date