



ACCESS TUSC PRE-EMPLOYMENT PAPERWORK

Today's Date: _____

DISCLOSURE UNDER FAIR CREDIT REPORTING ACT AND CONSENT TO PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

The undersigned hereby authorizes **Access Tusc** or its insurance agency- Pipes Insurance Service, LTD, or its assigns, to obtain copies of Consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above name employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

PRINT NAME

SIGNATURE

DATE OF BIRTH

SOCIAL SECURITY NUMBER (SSN)

DRIVER'S LICENSE NUMBER

ACCESS TUSC PRE-EMPLOYMENT PAPERWORK

EMPLOYMENT APPLICATION

-----PERSONAL INFORMATION

FULL NAME _____

First

Middle

Last

DATE OF BIRTH _____ SSN _____

ADDRESS _____

Street Address

Apt/Suite

City

State

Zip Code

EMAIL _____ PHONE _____

DATE AVAILABLE TO START _____ POSITION APPLIED FOR _____

EMPLOYMENT DESIRED Full Time Part Time Seasonal

-----EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? Yes No

HAVE YOU EVER WORKED FOR ACCESS TUSC BEFORE? Yes No

IF YES, WRITE START & END DATE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

IF YES, PLEASE EXPLAIN _____

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-----EDUCATION

HIGH SCHOOL _____ CITY/STATE _____

DATES _____ TO _____ GRADUATE? Yes No DIPLOMA _____

COLLEGE _____ CITY/STATE _____

DATES _____ TO _____ GRADUATE? Yes No DIPLOMA _____

LIST ALL DEGREE(S) & CERTIFICATIONS _____

-----PREVIOUS EMPLOYMENT

EMPLOYER 1 _____

Company/Individual

JOB TITLE _____ RESPONSIBILITIES _____

ADDRESS _____

Street Address

Apt/Suite

City

State

Zip Code

EMAIL _____ PHONE _____

FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYER 2 _____

Company/Individual

JOB TITLE _____ RESPONSIBILITIES _____

ADDRESS _____

Street Address

Apt/Suite

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City State Zip Code

EMAIL _____ PHONE _____

FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYER 3 _____

Company/Individual

JOB TITLE _____ RESPONSIBILITIES _____

ADDRESS _____

Street Address Apt/Suite

City State Zip Code

EMAIL _____ PHONE _____

FROM _____ TO _____ REASON FOR LEAVING _____

-----PROFESSIONAL REFERENCES

FULL NAME _____ RELATIONSHIP _____

First Last

COMPANY _____ TITLE _____

EMAIL _____ PHONE _____

FULL NAME _____ RELATIONSHIP _____

First Last

COMPANY _____ TITLE _____

EMAIL _____ PHONE _____

ACCESS TUSC PRE-EMPLOYMENT PAPERWORK

FULL NAME _____ RELATIONSHIP _____

First

Last

COMPANY _____ TITLE _____

EMAIL _____ PHONE _____

-----MILITARY SERVICE

ARE YOU A VETERAN? Yes No

BRANCH _____ RANK AT DISCHARGE _____

FROM _____ TO _____ TYPE OF DISCHARGE _____

IF NOT HONORABLE, PLEASE EXPLAIN _____

-----BACKGROUND CHECK

By checking this box, I _____, acknowledge and consent to the requirement of Access Tusc and its program(s) to complete a pre-employment Background (BCI) Check.

-----DISCLAIMER

I, the applicant, understand that Access Tusc is an Equal Opportunity Employer and is committed to excellence through diversity. In order to ensure this application is acceptable, please print or type, with the application being FULLY completed in order to be considered for the position in which you are applying.

Please complete each section EVEN IF you decide to attach or submit a resume.

Access Tusc is a Drug Free Workplace.

I, the applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Print Name

Signature

Date