



APPLICATION FOR EMPLOYMENT

IF YOU HAVE ANY QUESTIONS OR NEED ANY ASSISTANCE OR ACCOMMODATION DURING THE APPLICATION PROCESS, PLEASE DO NOT HESITATE TO ASK.

ERMAN CORPORATION, INC AND ITS AFFILIATES DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN OR ANCESTRY, RELIGION, MARITAL STATUS, AGE, PRIOR INDUSTRIAL INJURY, DISABILITY STATUS, VETERAN STATUS, OR ANY OTHER REASON PROHIBITED BY LAW.

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THE SPECIFIC JOB FOR WHICH YOU ARE APPLYING. IT WILL NOT BE RETAINED. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME YOU MUST FILE A NEW APPLICATION.

****PLEASE FILL OUT THIS APPLICATION IN ITS ENTIRETY. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED OR ACCEPTED (DO NOT REFER TO RESUME OR ATTACHMENT)****

GENERAL INFORMATION

POSITION: _____

DATE: _____

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	HOME TELEPHONE
ADDRESS (MAILING ADDRESS)	(CITY)	(STATE)	(ZIP)
E-MAIL ADDRESS	ARE YOU LEGALLY ENTITLED TO WORK IN THE U.S? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER TELEPHONE

ARE YOU OVER 18? YES NO

IF UNDER 18, STATE YOUR AGE _____

HAVE YOU EVER INTERVIEWED WITH THE COMPANY OR ITS AFFILIATES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DATE(S), JOB TITLE(S) & LOCATION(S)
HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY OR ITS AFFILIATES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DATE(S), JOB TITLE(S) & LOCATION(S)
DO YOU HAVE ANY RELATIVES EMPLOYED BY THE COMPANY OR ITS AFFILIATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DATE(S), JOB TITLE(S) & LOCATION(S)

WHAT SKILLS, TRAINING AND WORK EXPERIENCE QUALIFIES YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING?

SECURITY

NOTES TO THE APPLICANT:

- EXISTENCE OF A CRIMINAL RECORD OR SEX OFFENDER REGISTRATION DOES NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION OF EMPLOYMENT.
- APPLICANT IS NOT OBLIGATED TO DISCLOSE ANY REFERENCE TO A PRE OR POST TRIAL DIVERSION PROGRAM OR ANY CONVICTION WHICH HAS BEEN SEALED, EXPUNGED OR ERASED BY THE COURT.
- IT IS OUR POLICY TO PERFORM CRIMINAL INVESTIGATION CHECKS ON ALL PERSONS PRIOR TO BEGINNING WORK. IN ADDITION, AFTER EMPLOYMENT BEGINS, THE COMPANY RESERVES THE RIGHT TO PERIODICALLY PERFORM CRIMINAL INVESTIGATION CHECKS. UPON WRITTEN REQUEST, YOU WILL BE TOLD IF SUCH A REPORT WAS REQUESTED AND THE NAME AND ADDRESS OF THE REPORTING AGENCY USED.

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR PLED 'NO CONTEST' TO A FELONY OR MISDEMEANOR CRIMINAL OFFENSE? YES NO

IF YES, EXPLAIN EACH CONVICTION TO INCLUDE THE OFFENSE, CLASSIFICATION, JURISDICTION, DATE OF OFFENSE AND SENTENCE IMPOSED. _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE? YES NO

IF YES, PROVIDE NAME OF PROBATION/PAROLE OFFICER. _____

PROBATION/PAROLE OFFICER PHONE NUMBER _____

ARE YOU CURRENTLY A REGISTERED SEX OFFENDER? YES NO

IF YES, PROVIDE STATE OF REGISTRATION _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:

HIGH SCHOOL: 9 10 11 12

COLLEGE, TRADE OR BUSINESS: 1 2 3 4

GRADUATE STUDIES:

SCHOOL	ADDRESS	MAJOR STUDIES	DEGREE, DIPLOMA, LICENSE OR CERTIFICATE
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
VOCATIONAL, BUSINESS, OTHER			

LIST ANY PROFESSIONAL DESIGNATIONS:

OTHER SPECIAL KNOWLEDGE, SKILLS OR QUALIFICATIONS:

VETERAN INFORMATION (MOST RECENT)

BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE

WORK EXPERIENCE

LIST ALL EMPLOYMENTS FOR THE PAST 10 YEARS, STARTING WITH THE MOST RECENT POSITION. ALL INFORMATION **MUST** BE COMPLETED. YOU MAY ATTACH A RESUME, BUT NOT IN PLACE OF COMPLETING THE REQUIRED INFORMATION.

EMPLOYER	EMPLOYED FROM (MM/YYYY)	EMPLOYED TO (MM/YYYY)
ADDRESS (MAILING ADDRESS)	CITY, STATE, ZIP	TELEPHONE NUMBER
STARTING TITLE	ENDING TITLE	SUPERVISOR'S NAME
STARTING SALARY	ENDING SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIFIC DUTIES AND RESPONSIBILITIES		
REASON FOR LEAVING		
NAME WHILE EMPLOYED	HOURS WORKED PER WEEK	

EMPLOYER	EMPLOYED FROM (MM/YYYY)	EMPLOYED TO (MM/YYYY)
ADDRESS (MAILING ADDRESS)	CITY, STATE, ZIP	TELEPHONE NUMBER
STARTING TITLE	ENDING TITLE	SUPERVISOR'S NAME
STARTING SALARY	ENDING SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIFIC DUTIES AND RESPONSIBILITIES		
REASON FOR LEAVING		
NAME WHILE EMPLOYED	HOURS WORKED PER WEEK	

EMPLOYER	EMPLOYED FROM (MM/YYYY)	EMPLOYED TO (MM/YYYY)
ADDRESS (MAILING ADDRESS)	CITY, STATE, ZIP	TELEPHONE NUMBER
STARTING TITLE	ENDING TITLE	SUPERVISOR'S NAME
STARTING SALARY	ENDING SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIFIC DUTIES AND RESPONSIBILITIES		
REASON FOR LEAVING		
NAME WHILE EMPLOYED		HOURS WORKED PER WEEK

EMPLOYER	EMPLOYED FROM (MM/YYYY)	EMPLOYED TO (MM/YYYY)
ADDRESS (MAILING ADDRESS)	CITY, STATE, ZIP	TELEPHONE NUMBER
STARTING TITLE	ENDING TITLE	SUPERVISOR'S NAME
STARTING SALARY	ENDING SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIFIC DUTIES AND RESPONSIBILITIES		
REASON FOR LEAVING		
NAME WHILE EMPLOYED		HOURS WORKED PER WEEK

ADDITIONAL INFORMATION

HOURS AVAILABLE TO WORK

<input type="checkbox"/> SUNDAY _____ TO _____	CAN YOU WORK FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MONDAY _____ TO _____	CAN YOU WORK PART TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TUESDAY _____ TO _____	CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WEDNESDAY _____ TO _____	
<input type="checkbox"/> THURSDAY _____ TO _____	ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____
<input type="checkbox"/> FRIDAY _____ TO _____	
<input type="checkbox"/> SATURDAY _____ TO _____	SALARY REQUIREMENTS: \$ _____ <input type="checkbox"/> HOURLY
ARE YOU AVAILABLE TO WORK ALL SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ANNUALLY

SOME POSITIONS REQUIRE THAT THE EMPLOYEE OPERATE A MOTOR VEHICLE WHILE ON COMPANY BUSINESS. IF APPLICABLE TO THE JOB FOR WHICH YOU ARE APPLYING, DO YOU HAVE A VALID DRIVER'S LICENSE?

YES NO

IF YES, LICENSE NO: _____ STATE ISSUED: _____ EXPIRATION DATE _____

PROFESSIONAL REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU

REFERENCE NAME		RELATIONSHIP	
CITY		PHONE	
STATE	TITLE	YEARS KNOWN	

REFERENCE NAME		RELATIONSHIP	
CITY		PHONE	
STATE	TITLE	YEARS KNOWN	

REFERENCE NAME		RELATIONSHIP	
CITY		PHONE	
STATE	TITLE	YEARS KNOWN	

PLEASE READ AND INITIAL EACH STATEMENT AND SIGN YOUR NAME BELOW

- I CERTIFY THAT ALL ANSWERS TO QUESTIONS IN THIS APPLICATION AND ALL ADDITIONAL INFORMATION I MAY HAVE SUBMITTED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS AND MATERIAL SUBMITTED. I UNDERSTAND THAT GIVING FALSE INFORMATION, MISREPRESENTED FACTS, AND MATERIAL OMISSIONS MAY BE GROUNDS FOR DENIAL OF EMPLOYMENT OR DISCHARGE IF HIRED. _____
- I UNDERSTAND THAT MY EMPLOYMENT MAY BE CONDITIONED UPON A SATISFACTORY HEALTH EVALUATION AND THAT A PHYSICAL EXAMINATION BY A DOCTOR SELECTED BY THE COMPANY MAY ALSO BE REQUIRED, TO WHICH I HEREBY AGREE. _____
- I UNDERSTAND THAT MY EMPLOYMENT MAY BE CONDITIONAL UPON A SATISFACTORY PRE-EMPLOYMENT DRUG TEST AND HEREBY CONSENT TO SUCH TEST IF OFFERED A POSITION. _____
- I UNDERSTAND THAT IF I REFUSE TO TAKE OR FAIL THE DRUG TEST I WILL NOT BE EMPLOYED. _____
- I ALSO UNDERSTAND THAT IF I AM EMPLOYED I WILL BE SUBJECT TO DRUG AND ALCOHOL TESTING IF THERE IS REASONABLE SUSPICION THAT I AM USING DRUGS OR REASONABLE CAUSE TO BELIEVE THAT I AM UNDER THE INFLUENCE OF ALCOHOL. I FURTHER UNDERSTAND THAT I MAY BE SUBJECT TO POST ACCIDENT AND RANDOM TESTING PURSUANT TO THE COMPANY DRUG AND ALCHOL POLICY. _____
- IF I AM EMPLOYED BY THE COMPANY, I WILL COMPLY WITH ALL WORK-RELATED REQUIREMENTS SET FORTH BY THE COMPANY. _____
- I UNDERSTAND THAT IF HIRED I WILL BE AN "AT-WILL" EMPLOYEE AND AGREE THAT THE EMPLOYMENT RELATIONSHIP CAN BE TERMINATED AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE, WITH OR WITHOUT CAUSE BY ME OR BY THE COMPANY. _____
- I UNDERSTAND THAT NO MANAGER OR REPRESENTATIVE OF THE COMPANY, OTHER THAN IN WRITING SIGNED BY THE PRESIDENT OF THE COMPANY AND BY ME, HAS ANY AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR CONTRARY TO THE ABOVE TERMS OR ALTER THE ABOVE CONDITIONS OF EMPLOYMENT. _____
- I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS. I VOLUNTARILY GIVE THE COMPANY PERMISSION TO CONFIRM BY PERSONAL INQUIRY, OR OTHERWISE, INFORMATION PROVIDED IN THIS APPLICATION. I RELEASE FROM ALL LIABILITY OR RESPONSIBILITY THIS COMPANY AND ALL PERSONS, COMPANIES, CORPORATIONS, OR PUBLIC AGENCIES PROVIDING INFORMATION TO THE COMPANY ABOUT ME. I FURTHER UNDERSTAND THAT THE COMPANY WILL ACCESS PUBLIC RECORDS, WHERE POSSIBLE, TO VERIFY INFORMATION PROVIDED BY THE APPLICANT, INCLUDING BUT NOT LIMITED TO FELONY CONVICTIONS. _____

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

DO NOT REFERENCE RESUMES OR ATTACHMENTS AS THEY CAN BECOME SEPERATED.

APPLICANT'S SIGNATURE

DATE

ERMAN CORPORATION, INC – APPLICANT REGISTER FORM

(PLEASE PRINT)

ERMAN CORPORATION, INC AND ITS AFFILIATES ARE EQUAL OPPORTUNITY EMPLOYERS. ALTHOUGH PROVIDING THIS INFORMATION IS VOLUNTARY, YOUR COOPERATION IS APPRECIATED. THIS INFORMATION IS KEPT CONFIDENTIAL AND FAILURE TO SUPPLY IT WILL HAVE NO EFFECT ON YOUR BEING CONSIDERED FOR EMPLOYMENT.

DATE: _____

JOB APPLIED FOR: _____

DATE OF BIRTH (MM/DD/YYYY): _____

AFFIRMATIVE ACTION INFORMATION:

SEX: MALE FEMALE

RACE: WHITE BLACK

HISPANIC ASIAN/PACIFIC ISLANDER

OTHER AMERICAN INDIAN

NAME: _____

ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

HOW WERE YOU REFERRED TO US?

NEWSPAPER ADD COLLEGE POSTING

EMPLOYMENT AGENCY EMPLOYEE REFERRAL (NAME OF EMPLOYEE) _____

UNION WALK-IN

FORMER EMPLOYEE STATE EMPLOYMENT DEPT.

OTHER _____

**CONSENT/ RELEASE FORM FOR
PRE-EMPLOYMENT DRUG SCREEN**

I _____, UNDERSTAND THAT I WILL BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN TO BE CONSIDERED FOR EMPLOYMENT.

I FURTHER UNDERSTAND THAT IF I DECLINE TO SIGN THIS CONSENT FORM AND THEREBY DECLINE TO TAKE THE REQUIRES DRUG SCREE, MY APPLICATION FOR EMPLOYMENT WILL BE REJECTED.

I UNDERSTAND THAT ERMAN CORPORATION, INC AND ITS AFFILIATES HAVE ADOPTED A ZERO-TOLERANCE STANCE ON DRUG USAGE FOR ITS EMPLOYEES. THIS MEANS THAT ANY DRUG USE IS UNACCEPTABLE BY THE COMPANY.

I FURTHER UNDERSTAND THAT IF I GIVE MY CONSENT TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN, THE RESULTS WILL BE RELEASED TO AUTHORIZED COMPANY PERSONNEL FOR APPROPRIATE REVIEW. I AGREE TO ALLOW THE RELEASE OF SUCH INFORMATION.

I DO (___) DO NOT (___) VOLUNTARILY CONSENT TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN.

SIGNATURE OF APPLICANT

DATE

TO: ALL APPLICANTS

RE: IMMIGRATION AND CONTROL ACT OF 1986

AS AMENDED BY THE IMMIGRATION ACT OF 1990

ATTENTION

YOU HAVE INDICATED AN INTEREST IN BEING EMPLOYED BY ERMAN CORPORATION, INC OR ITS AFFILIATES (THE "COMPANY". THIS NOTICE IS TO INFORM YOU THAT IF YOU ARE HIRED YOU WILL BE REQUIRED TO VERIFY YOUR IDENTITY AND EMPLOYMENT AUTHORIZATION TO WORK IN THE UNITED STATES ON YOUR FIRST DAY OF EMPLOYMENT. THIS IS IN COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 AS AMENDED BY THE IMMIGRATION ACT OF 1990.

THE FEDERAL LAW REQUIRES THAT THE COMPANY AND THE NEW HIRE COMPLETE AN EMPLOYMENT ELIGIBILITY VERIFICATION FORM, WHICH WILL BE PROVIDED TO THE HIRING SUPERVISOR IF YOU ARE HIRED.

THE COMPANY MUST VERIFY THAT ONE DOCUMENT FROM LIST A **OR** ONE DOCUMENT FROM LIST B **AND** ONE DOCUMENT FROM LIST C HAS BEEN EXAMINED BY THE HIRING SUPERVISOR.

<u>LIST A</u>	<u>LIST B</u>	<u>LIST C</u>
<p>DOCUMENTS THAT ESTABLISH IDENTITY AND EMPLOYMENT ELIGIBILITY</p> <ol style="list-style-type: none">1. U.S. PASSPORT2. CERTIFICATE OF NATURALIZATION3. UNEXPIRED FOREIGN PASSPORT, WITH I-551 STAMP OR ATTACHED INS FORM I-944. ALIEN REGISTRATION RECEIPT CARD WITH PHOTOGRAPH5. UNEXPIRED TEMPORARY RESIDENT	<p>DOCUMENTS THAT ESTABLISH IDENTITY</p> <ol style="list-style-type: none">1. DRIVER'S LICENSE OR ID CARD ISSUED BY A STATE OR OUTLYING POSSESSION OF THE UNITED STATES WITH PHOTOGRAPH, OR INFORMATION SUCH AS NAME, DATE OF BIRTH, SEX, HEIGHT, EYE COLOR, AND ADDRESS2. SCHOOL ID CARD WITH A PHOTOGRAPH3. VOTER'S REGISTRATION CARD4. U.S. MILITARY CARD OR DRAFT RECORD	<p>DOCUMENTS THAT ESTABLISH EMPLOYMENT ELIGIBILITY</p> <ol style="list-style-type: none">1. U.S. SOCIAL SECURITY CARD ISSUED BY THE SOCIAL SECURITY ADMINISTRATION (OTHER THAN A CARD STATING IT IS NOT VALID FOR EMPLOYMENT).2. CERTIFICATION OF BIRTH ABROAD ISSUED BY THE DEPARTMENT OF STATE3. ORIGINAL OR CERTIFIED COPY OF A BIRTH CERTIFICATE ISSUED BY A STATE, COUNTY, MUNICIPAL AUTHORITY OR OUTLYING POSSESSION OF THE U.S. BEARING AN OFFICIAL SEAL.

THIS LIST IS NOT ALL EXCLUSIVE. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO ASK OUR STAFF. WE WISH YOU SUCCESS AS YOU PURSUE YOUR EMPLOYMENT SEARCH.

INSTRUCTIONS

PLEASE RETURN THE ENCLOSED APPLICATION AND SUPPLEMENTAL QUESTIONS (IF ANY), COMPLETELY IN THEIR ENTIRETY TO THE ADDRESS GIVEN BELOW:

ERMAN CORPORATION, INC

6600 THORN DRIVE

KANSAS CITY, KS 66106

FAX: 913-287-6949

APPLICATIONS THAT ARE NOT COMPLETE WILL NOT BE CONSIDERED

PLEASE READ BEFORE COMPLETING APPLICATION!

ADDENDUM TO EMPLOYMENT APPLICATION

OUR EMPLOYMENT PROCESS INCLUDES A MANDATORY DRUG SCREEN FOR THOSE APPLICANTS CONSIDERED FOR EMPLOYMENT. THE DRUG SCREEN INCLUDES URINE TESTS FOR AMPHETAMINES, BARBITUATES, BENZODIAZEPINE, COCAINE, MARIJUANA, OPIATES AND PCP.

WE HAVE TAKEN A ZERO-TOLERANCE STANCE ON DRUG USAGE FOR OUR EMPLOYEES. PLEASE BE AWARE THAT MARIJUANA CAN STAY IN THE SYSTEM FOR PERIODS OF ONE (1) MONTH OR LONGER. SIMILARLY, OTHER DRUGS ALSO STAY IN THE SYSTEM FOR SUBSTANCIAL LENGTHS OF TIME.

IF THERE IS A PROBABILITY THAT YOUR DRUG SCREEN WILL RENDER A POSITIVE RESULT, WE ASK THAT YOU DO NOT SUBMIT AN APPLICATION OR PROCEED WITH AN INTERVIEW.

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

- I. IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT, I UNDERSTAND THAT A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER REPORT MAY BE REQUESTED THAT WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE, AND EXPERIENCE, ALONG WITH REASONS FOR TERMINATION OF PAST EMPLOYMENT. I UNDERSTAND THAT AS DIRECTED BY COMPANY POLICY AND CONSISTENT WITH THE JOB DESCRIBED, YOU MAY BE REQUESTING INFORMATION FROM PUBLIC AND PRIVATE SOURCES ABOUT MY: WORKERS' COMPENSATION INJURIES, DRIVING RECORD, COURT RECORD, EDUCATION, CREDENTIALS, CREDIT, AND REFERENCES.
- II. MEDICAL AND WORKER'S COMPENSATION INFORMATION WILL ONLY BE REQUESTED IN COMPLIANCE WITH THE FEDERAL AMERICANS WITH DISABILITIES ACT (ADA) AND/OR ANY OTHER APPLICABLE STATE LAWS. ACCORDING TO 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 REPORTING AGENCY. IF SO, I WILL BE NOTIFIED AND GIVEN THE NAME AND ADDRESS OF THE AGENCY OR THE SOURCE WHICH PROVIDED THAT INFORMATION.
- III. I ACKNOWLEDGE THAT A TELEPHONIC FACSIMILE (FAX) OR PHOTOGRAPHIC COPY SHALL BE AS VALD AS THE ORIGINAL. THIS RELEASE IS VALD FOR MOST FEDERAL, STATE, AND COUNTY AGENCIES INCLUDING THE MINNESOTA DEPARTMENT OF LAW.
- IV. MINNESOTA, OKLAHOMA, AND CALIFORNIA APPLICANTS ONLY. IF YOU WANT A COPY OF THE REPORT(S) ORDERED, CHECK THIS BOX . THE REPORT(S) WILL BE SENT BY THE REPORTING AGENCY TO YOU AT THE ADDRESS BELOW. THE REPORTS WILL BE PROCESSED BY: VALIDITY SCREENING SERVICES, 9393 WEST 110TH STREET, SUITE 420. OVERLAND PARK, KS 66210.
- V. I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, SCHOOL, EMPLOYER, REFERENCE OR INSURANCE COMPANY CONTACTED BY ERMAN CORPORATION, INC OR ITS AGENT, TO FURNISH THE INFORMATION DESCRIBED IN SECTION 1.

THE FOLLOWING INFORMATION IS REQUIRED BY LAW ENFORCEMENT AGENCIES AND OTHER ENTITLES FOR POSITIVE IDENTIFICATION PURPOSES WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE THE EMPLOYER AND AGENTS AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUESTS FOR OR RELEASE OF ANY OF THE ABOVE MENTIONES INFORMATION OR REPORTS.

Please print your full name	LAST	FIRST	MIDDLE
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Please print other names you have used

Home Address

City	State	Zip code
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Social Security Number

Signature

Date

DISCLOSURE TO APPLICANT REGARDING CONSUMER REPORTS

IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT, WE RESERVE THE RIGHT TO OBTAIN A CONSUMER REPORT ON YOU AS A PART OF THE PROCESS OF CONSIDERING YOUR CANDIDACY AS AN EMPLOYEE. IN THE EVENT THAT INFORMATION FROM THE REPORT IS UTILIZED IN WHOLE OR IN PART IN MAKING AN ADVERSE DECISION WITH REGARD TO YOUR POTENTIAL EMPLOYMENT, BEFORE MAKING THE ADVERSE DECISION WE WILL PROVIDE YOU WITH A COPY OF THE CONSUMER REPORT AND A DESCRIPTION IN WRITING OF YOUR RIGHTS UNDER THE LAW.

PLEASE BE ADVISED THAT WE MAY ALSO OBTAIN AN INVESTIGATIVE REPORT INCLUDING INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. THIS INFORMATION MAY BE OBTAINED BY CONTACTING YOUR PREVIOUS EMPLOYERS OR REFERENCES SUPPLIED BY YOU. PLEASE BE ADVISED THAT YOU HAVE THE RIGHT TO REQUEST, IN WRITING, WITHIN A REASONABLE TIME, THAT WE MAKE A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INFORMATION REQUESTED. SUCH DISCLOSURE WILL BE MADE TO YOU WITHIN 5 DAYS OF THE DATE ON WHICH WE RECEIVE THE REQUEST FROM YOU OR WITHIN 5 DAYS OF THE TIME THE REPORT WAS FIRST REQUESTED.

THE FAIR CREDIT REPORTING ACT GIVES YOU SPECIFIC RIGHTS IN DEALING WITH CONSUMER REPORTING AGENCIES. YOU WILL FIND THESE RIGHTS SUMMARIZED ON THE REVERSE SIDE OF THIS DOCUMENT.

BY YOUR SIGNATURE BELOW, YOU HEREBY AUTHORIZE US TO OBTAIN A CONSUMER REPORT ABOUT YOU IN ORDER TO CONSIDER YOU FOR EMPLOYMENT.

THIS REPORT WILL BE PROCESSED BY:

VALIDITY SCREENING SERVICES

9393 WEST 110TH STREET, SUITE 420

OVERLAND PARK, KS 66210

APPLICANT'S NAME: (PLEASE PRINT) _____

APPLICANT'S ADDRESS: _____

CITY/STATE/ZIP: _____

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

**A Summary of Your Rights
Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:	Please Contact:
CRAs, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, MS 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
Banks that are state-chartered or are not Federal Reserve System members	Federal Deposit Insurance Corporation Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20205 202-720-7051