

# **REGGER** OMPANY, INC

# **Employment Application**

\*Please attach resume

### Equal Employment Opportunity

Cregger Company Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Cregger Company Inc. complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Cregger Company Inc. expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of [Company Name]'s employees to perform their job duties may result in discipline up to and including discharge.

|             |   | Арр      | licant           | Information        |                 |                              |
|-------------|---|----------|------------------|--------------------|-----------------|------------------------------|
| Full Name:  |   |          |                  |                    | Γ               | Date:                        |
|             | Last  | First    |                  |                    | М.І.            |                              |
| Address:    |   |          |                  |                    |                 |                              |
|             | Street Address  |          |                  |                    |                 | Apartment/Unit #             |
|             | City  |          |                  |                    | State           | ZIP Code                     |
| Phone:      |   |          |                  | Email              |                 |                              |
| Date Availa | ble: Des  | sired Sa | lary: \$ <u></u> |                    | Expected Ho     | Durs:                        |
| Position Ap | plied for:  |          |                  |                    |                 |                              |
| Are you a c | itizen of the United States?                                      | YES      | NO<br>□          | lf no, are you aut | horized to work | YES NO<br>c in the U.S.? □ □ |
| Have you e  | ver worked for this company?                                      | YES      | NO<br>□          | If yes, when?      |                 |                              |
|             | ver been convicted of a felony<br>anor other than a minor traffic | YES      | NO<br>□          | If yes, explain:   |                 |                              |

| Education         |                    |                               |         |                          |
|-------------------|--------------------|-------------------------------|---------|--------------------------|
| High School:      |                    | Address:                      |         |                          |
| From:             | То:                | YES<br>Did you graduate? □    | NO      | Diploma:                 |
| College:          |                    | Address:                      |         |                          |
| From:             | To:                | YES<br>Did you graduate? □    | NO      | Degree:                  |
| Other:            |                    | Address:                      |         |                          |
| From:             | To:                | YES<br>Did you graduate? □    | NO<br>□ | Degree:                  |
|                   |                    | Reference                     | 5       |                          |
| Please list three | professional refe  | rences.                       |         |                          |
| Full Name:        |                    |                               |         | Relationship:            |
|                   |                    |                               |         |                          |
| Address           |                    |                               |         |                          |
|                   |                    |                               |         |                          |
| Full Name:        |                    |                               |         | Relationshin:            |
| -                 |                    |                               |         |                          |
|                   |                    |                               |         |                          |
| Add1633.          |                    |                               |         |                          |
|                   |                    |                               |         |                          |
| Full Name:        |                    |                               |         | Relationship:            |
| -                 |                    |                               |         |                          |
| Address:          |                    |                               |         | Cell Phone:              |
|                   |                    | Work                          | History |                          |
|                   |                    |                               | lietery |                          |
| Company:          |                    |                               |         | Phone:                   |
| Address:          |                    |                               |         |                          |
| Job Title:        |                    | Starting Salary:              | 5       | Ending Salary: <u>\$</u> |
| Responsibilities: |                    |                               |         |                          |
|                   |                    |                               |         | eaving:                  |
| May we contact y  | your previous supe | YE<br>rvisor for a reference? |         |                          |

| Company:   |                     |             |                  |            | Phone:                   |
|--|---------------------|-------------|------------------|------------|--------------------------|
| Address:   |                     |             |                  |            | Supervisor:              |
| Job Title:   |                     | Starting Sa | alary: <u>\$</u> |            | Ending Salary: <b>\$</b> |
| Responsibilities:  |                     |             |                  |            |                          |
| From:  | To:                 |             | Reason fo        | r Leaving: |                          |
| May we contact your previous                                   | supervisor for a re | eference?   | YES              |            |                          |
|  |                     | Military    | Service          |            |                          |
| Branch:  |                     |             |                  | From:      | То:                      |
| Rank at Discharge:   |                     |             | Type of I        | Discharge: |                          |
| If other than honorable, expla                                 | in:                 |             |                  |            |                          |
| (Only fill o   |                     |             | r a wareh        | ouse or di | riving position)         |
| Present State of Health:                                       | Excellent           | Good I      | Fair             |            |                          |
| Are you will to take a physica<br>Can you obtain a medical car |                     |             |                  |            |                          |
|  | <b>.</b>            | Driver Ap   | plication        |            |                          |
| Please list your last three ye                                 | ears of residency:  |             |                  |            |                          |
| Address:   |                     |             |                  |            |                          |
| City:  | State:              | Zip Code    | e:               |            |                          |
| Date From:   | _ Date To:          |             | _                |            |                          |
| Address:   |                     |             |                  |            |                          |
| City:  | State:              | Zip Code    | e:               |            |                          |
| Date From:   | _ Date To:          |             | _                |            |                          |
| Address:   |                     |             |                  |            |                          |
| City:  |                     |             |                  |            |                          |
| Date From:   | _ Date To:          |             | _                |            |                          |

| Driver's License Number:   | Issuing S  | State:     |                      |                      |
|--|------------|------------|----------------------|----------------------|
| Previous License Number:   | Issuing S  |            |                      |                      |
| (If current license number is less than 3 year history and dri<br>provide a previous license number) | iver has b | een drivir | ng for longer than 3 | 3 years, driver must |
| Have you ever had your license revoked, suspended, or forf   | feited?    | YES        | NO                   |                      |
| If you answered yes to the above question, please explain:   |            |            |                      |                      |
|  |            |            |                      |                      |

## Authorization Statement

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date:\_\_\_\_\_

Para información en español, visite <u>www.consumerfinance.gov/learnmore</u> o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <a href="http://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <a href="http://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit <u>www.consumerfinance.gov/learnmore</u>.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS:   | CONTACT:   |
|---|--|
| 1.a. Banks, savings associations, and credit<br>unions with total assets of over \$10 billion and<br>their affiliates | a. Consumer Financial Protection Bureau<br>1700 G. Street N.W.<br>Washington, DC 20552 |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list,                       | b. Federal Trade Commission: Consumer<br>Response Center – FCRA                        |

| in addition to the CFPB:                         | Washington, DC 20580                          |
|--|---|
| In addition to the CITE.                         | (877) 382-4357                                |
| 2. To the extent not included in item 1 above:   | (011) 502 4551                                |
| 2. To the extent not mended in item 1 above.     |   |
| a. National banks, federal savings associations, | a. Office of the Comptroller of the Currency  |
| and federal branches and federal agencies of     | Customer Assistance Group                     |
| foreign banks                                    | 1301 McKinney Street, Suite 3450              |
|  | Houston, TX 77010-9050                        |
| b. State member banks, branches and agencies     |   |
| of foreign banks (other than federal branches,   | b. Federal Reserve Consumer Help Center       |
| federal agencies, and Insured State Branches of  | P.O. Box. 1200                                |
| Foreign Banks), commercial lending               | Minneapolis, MN 55480                         |
| companies owned or controlled by foreign         | ······································        |
| banks, and organizations operating under         |   |
| section 25 or 25A of the Federal Reserve Act     |   |
|  |   |
| c. Nonmember Insured Banks, Insured State        | c. FDIC Consumer Response Center              |
| Branches of Foreign Banks, and insured state     | 1100 Walnut Street, Box #11                   |
| savings associations                             | Kansas City, MO 64106                         |
|  |   |
| d. Federal Credit Unions                         | d. National Credit Union Administration       |
|  | Office of Consumer Protection (OCP)           |
|  | Division of Consumer Compliance and           |
|  | Outreach (DCCO)                               |
|  | 1775 Duke Street                              |
|  | Alexandria, VA 22314                          |
| 3. Air carriers                                  | Asst. General Counsel for Aviation            |
|  | Enforcement & Proceedings                     |
|  | Aviation Consumer Protection Division         |
|  | Department of Transportation                  |
|  | 1200 New Jersey Avenue, S.E.                  |
|  | Washington, DC 20423                          |
| 4. Creditors Subject to the Surface              | Office of Proceedings, Surface Transportation |
| Transportation Board                             | Board   |
|  | Department of Transportation                  |
|  | 395 E Street, S.W.                            |
|  | Washington, DC 20423                          |
| 5. Creditors Subject to the Packers and          | Nearest Packers and Stockyards                |
| Stockyards Act, 1921                             | Administration area supervisor                |
| 6. Small Business Investment Companies           | Associate Deputy Administrator for Capital    |
|  | Access  |
|  | United States Small Business Administration   |
|  | 409 Third Street, S.W., 8 <sup>th</sup> Floor |
|  | Washington, DC 20549                          |
| 7. Brokers and Dealers                           | Securities and Exchange Commission            |
|  | 100 F Street, N.E.                            |

|  | Washington, DC 20549                        |
|--|---|
| 8. Federal Land Banks, Federal Lank Bank       | Farm Credit Administration                  |
| Associations, Federal Intermediate Credit      | 1501 Farm Credit Drive                      |
| Banks, and Production Credit Associations      | McLean, VA 22102-5090                       |
| 9. Retailers, Finance Companies, and All Other | FTC Regional Office for region in which the |
| Creditors Not Listed Above                     | creditor operates or Federal Trade          |
|  | Commission: Consumer Response Center –      |
|  | FCRA  |
|  | Washington, DC 20580                        |
|  | (877) 382-4357                              |

# FAIR CREDIT AND BACKGROUND REPORT AUTHORIZATION

I, \_\_\_\_\_\_, authorize the obtaining of "consumer reports" about me by Cregger Company, Inc. ("the Company") at any time prior, during, and ensuing my employment, if applicable. 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 a 3<sup>rd</sup> Party utilized by the Company or the Company itself prior, during, or after employment.

I understand that "consumer reports" obtained by the Company about me may contain information regarding my criminal history, motor vehicle records, and other background information.

I understand my rights to refuse this background check, and have been provided the document "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT".

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

| Printed Name (First, Middle, Last): |
|-------------------------------------|
| Social Security Number:             |
| Date of Birth:                      |
| Signature:                          |
| Date:                               |