

# APPLICATION FOR EMPLOYMENT

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for the signature on application. All information given will be available only to persons who have a "need to know" or as required by law. If you need assistance in filling out this application, under the Americans with Disabilities Act (ADA), we will make reasonable accommodations. Please call 208-785-2274 or e-mail [hr@ptius.net](mailto:hr@ptius.net) to schedule. Assistance is also available at the Idaho Department of Labor.

**This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. If an application is received with no indication as to what position you are applying for it will not be considered.**

## PERSONAL INFORMATION

|  |  |                |      |       |     |
|--|--|----------------|------|-------|-----|
| Name (Last name, First name)   |  | Phone          |      |       |     |
| Present Address  |  | Apt. No.       | City | State | Zip |
| Are you 18 years or older?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you 21 years or older? (CDL applicants ONLY)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | E-Mail Address |      |       |     |

## DESIRED EMPLOYMENT

|  |  |                                    |                                |
|--|--|------------------------------------|--------------------------------|
| Position Applied For   |  | Date Available to begin employment | Desired Salary                 |
| Are you currently employed?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | If so may we contact your current employer to inquire?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                    |                                |
| Have you ever applied to Premier before?   | Where?   | When?                              |                                |
| Have you ever worked for Premier before?   | Where?   | When?                              |                                |
| Reason for Leaving Premier Technology, Inc?  |  |                                    |                                |
| Are you subject to any agreements with your former employer that could prohibit your free employment with Premier or restrict you somehow?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                                    |                                |
| Name of the last supervisor at Premier?  |  |                                    |                                |
| Who referred you to Premier? (Check one of the boxes)  |  |                                    |                                |
| Staffing agency <input type="checkbox"/>   | Newspaper Advertising <input type="checkbox"/>   | Referral <input type="checkbox"/>  |                                |
| State employment office <input type="checkbox"/>   | College placement Service <input type="checkbox"/>   | Walk-in <input type="checkbox"/>   | Other <input type="checkbox"/> |

## EDUCATION

| School Level  | Name and Location | No. of years Attended | Did you graduate? | Special subjects studied |
|---------------|-------------------|-----------------------|-------------------|--------------------------|
| High School   |                   |                       |                   |                          |
| College       |                   |                       |                   |                          |
| Other schools |                   |                       |                   |                          |

|                                  |
|----------------------------------|
| <b>Special Training</b>          |
|                                  |
| <b>Professional Affiliations</b> |
|                                  |

## FORMER EMPLOYERS

List your last three employers, beginning with your most recent job first.

|  |                     |              |   |            |
|--|---------------------|--------------|---|------------|
| <b>Name of present or most recent employer</b> |                     |              |   |            |
| <b>Address</b>                                 |                     | <b>City</b>  | <b>State</b>  | <b>Zip</b> |
| <b>Starting Date</b>                           | <b>Leaving Date</b> |              | <b>Job Title</b>  |            |
| <b>Starting pay</b>                            |                     |              | <b>Ending pay</b>   |            |
| <b>Name of supervisor</b>                      | <b>Title</b>        | <b>Phone</b> | <b>May we contact you supervisor?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |            |
| <b>Description of job</b>                      |                     |              |   |            |
|  |                     |              |   |            |
| <b>Reason for leaving</b>                      |                     |              |   |            |

|  |                     |              |   |            |
|--|---------------------|--------------|---|------------|
| <b>Name of present or most recent employer</b> |                     |              |   |            |
| <b>Address</b>                                 |                     | <b>City</b>  | <b>State</b>  | <b>Zip</b> |
| <b>Starting Date</b>                           | <b>Leaving Date</b> |              | <b>Job Title</b>  |            |
| <b>Starting pay</b>                            |                     |              | <b>Ending pay</b>   |            |
| <b>Name of supervisor</b>                      | <b>Title</b>        | <b>Phone</b> | <b>May we contact you supervisor?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |            |
| <b>Description of job</b>                      |                     |              |   |            |
|  |                     |              |   |            |
| <b>Reason for leaving</b>                      |                     |              |   |            |

|  |                     |              |   |            |
|--|---------------------|--------------|---|------------|
| <b>Name of present or most recent employer</b> |                     |              |   |            |
| <b>Address</b>                                 |                     | <b>City</b>  | <b>State</b>  | <b>Zip</b> |
| <b>Starting Date</b>                           | <b>Leaving Date</b> |              | <b>Job Title</b>  |            |
| <b>Starting pay</b>                            |                     |              | <b>Ending pay</b>   |            |
| <b>Name of supervisor</b>                      | <b>Title</b>        | <b>Phone</b> | <b>May we contact you supervisor?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |            |
| <b>Description of job</b>                      |                     |              |   |            |
|  |                     |              |   |            |
| <b>Reason for leaving</b>                      |                     |              |   |            |

## REFERENCES

Please list the names of three people that you are NOT related to and that you have known for at least ONE year.

| Name of Reference | Address and Phone | Business | Years Acquainted |
|-------------------|-------------------|----------|------------------|
|                   |                   |          |                  |
|                   |                   |          |                  |
|                   |                   |          |                  |

|   |            |                          |           |                          |
|---|------------|--------------------------|-----------|--------------------------|
| <b>Have you been <u>convicted</u> of a felony within the last 5 years?</b>        | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| If yes, please explain (this will not necessarily exclude you from consideration) |            |                          |           |                          |
| <br>  |            |                          |           |                          |
| <br>  |            |                          |           |                          |

## AUTHORIZATION

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that the answers given by me to the foregoing questions and during any interview are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and I understand its terms.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



## DISCLOSURE AND RELEASE FORM

In connection with my application for employment (including contract for services or volunteer services) or tenancy with Premier Technology, Inc., at 1858 W. Bridge St. Blackfoot, ID 83221, consumer reports will be requested. These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics, may be obtained.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the consumer reporting agency: **Background Screeners of America**, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; telephone (866) 570-4949 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view their privacy policy at their website: [www.backgroundscreenersofamerica.com](http://www.backgroundscreenersofamerica.com).

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

**California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.**

### Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

### Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law \_\_\_\_\_. (Initials)

**Search Requestor Copy**

I acknowledge I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

|  |  |  |                   |
|--|--|--|-------------------|
| <b>NAME: First</b> _____                 |  | <b>Middle</b> _____                      | <b>Last</b> _____ |
| <b>Social Security #</b> _____           |  | <b>Date of Birth</b> _____               |                   |
| <b>Email</b> _____                       |  |  |                   |
| <b>Current Address:</b>                  |  | <b>Previous Address:</b>                 |                   |
| Street 1<br>Apt or Unit #<br>City ST Zip |  | Street 1<br>Apt or Unit #<br>City ST Zip |                   |
| <b><u>Drivers Lic. #</u></b>             |  | <b><u>State Issuing</u></b>              |                   |
| <b>Alias Names Used:</b>                 |  |  |                   |
|  |  |  |                   |
|  |  |  |                   |

**X** \_\_\_\_\_ DATE: \_\_\_\_\_  
APPLICANT SIGNATURE

**Search Requestor Copy**

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la 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](http://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 [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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](http://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 1-888-567-8688.
- **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 [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**Applicant Copy**

**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:   |
|--|--|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.<br/> b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>  | <p>a. Bureau of Consumer Financial Protection<br/> 1700 G Street NW<br/> Washington, DC 20006<br/> b. Federal Trade Commission: Consumer Response Center –FCRA<br/> Washington, DC 20580<br/> (877) 382-4357</p>   |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br/> b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act<br/> c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br/> d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency<br/> Customer Assistance Group<br/> 1301 McKinney Street, Suite 3450<br/> Houston, TX 77010-9050<br/> b. Federal Reserve Consumer Help Center<br/> P.O. Box 1200<br/> Minneapolis, MN 55480<br/> c. FDIC Consumer Response Center<br/> 1100 Walnut Street, Box #11<br/> Kansas City, MO 64106<br/> d. National Credit Union Administration<br/> Office of Consumer Protection (OCP)<br/> Division of Consumer Compliance and Outreach (DCCO)<br/> 1775 Duke Street<br/> Alexandria, VA 22314</p> |
| <p>3. Air carriers</p>   | <p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings<br/> Department of Transportation<br/> 400 Seventh Street SW<br/> Washington, DC 20590</p>   |
| <p>4. Creditors Subject to Surface Transportation Board</p>  | <p>Office of Proceedings, Surface Transportation Board<br/> Department of Transportation<br/> 1925 K Street NW<br/> Washington, DC 20423</p>   |
| <p>5. Creditors Subject to Packers and Stockyards Act</p>  | <p>Nearest Packers and Stockyards Administration area supervisor</p>   |
| <p>6. Small Business Investment Companies</p>  | <p>Associate Deputy Administrator for Capital Access<br/> United States Small Business Administration<br/> 406 Third Street, SW, 8th Floor<br/> Washington, DC 20416</p>   |
| <p>7. Brokers and Dealers</p>  | <p>Securities and Exchange Commission<br/> 100 F St NE Washington,<br/> DC 20549</p>   |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>  | <p>Farm Credit Administration<br/> 1501 Farm Credit Drive<br/> McLean, VA 22102-5090</p>   |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>   | <p>FTC Regional Office for region in which the creditor operates or<br/> Federal Trade Commission: Consumer Response Center – FCRA<br/> Washington, DC 20580<br/> (877) 382-4357</p>   |

**Applicant Copy**



It is the policy of Premier Technology, Inc. to comply with the concepts and practices of affirmative action. It is the intent of Premier and its related policies to ensure equal employment opportunity to all qualified employees.

Premier commits to provide employment opportunity to all qualified persons, and to continue to recruit, hire, train, promote, and compensate persons in all jobs without regard to race, color, religion, citizenship, gender, national origin, age, disability, current or future military status, or status as a Vietnam era or special disabled veteran in accordance with federal law, and without regard to any individual's status protected by applicable state or local law.

Therefore, to keep our affirmative action plan updated we request that all employees and applicants complete this form. This information is collected only for the exclusive use of updating our affirmative action plan and will be maintained in a confidential file.

|                      |
|----------------------|
| Name (Please Print): |
|----------------------|

Please indicate which of the following categories apply to you: (Put an X in all boxes that apply)

| Gender |        | Ethnicity          | Race  |                           |   |       |                                  |                   | Veteran Status   |                         |                                    |                            |           |
|--------|--------|--------------------|-------|---------------------------|---|-------|----------------------------------|-------------------|------------------|-------------------------|------------------------------------|----------------------------|-----------|
| Male   | Female | Hispanic or Latino | White | Black or African American | Native Hawaiian/ Other Pacific Islander | Asian | American Indian or Alaska Native | Two or More Races | Disabled Veteran | Other Protected Veteran | Armed Forces Service medal Veteran | Recently Separated Veteran | Reservist |
|        |        |                    |       |                           |   |       |                                  |                   |                  |                         |                                    |                            |           |



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.