

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, qualified disability, or any other protected status. Qualified applicants are considered for employment according to the laws of the respective state of employment.

INSTRUCTIONS: Applicants must furnish complete and accurate information. Incomplete applications will not be considered for employment. In case of resume, fill out complete application and attach resume to back. Federal laws and regulations require this company to investigate and verify all information provided.

(PLEASE PRINT)

Date of application: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Lived there since: _____

Social Security Number: _____ Position Desired: _____

Date available to start: _____ Salary/Compensation Desired: _____

Full-Time Part-Time Days Evenings Weekends Other: _____

(It is not necessary for you to identify unavailability for work because of religious observances or practices. After, and if, a job offer is made, we will consider whether a reasonable accommodation can be made for your observance.)

Referral Source: Employment Agency Advertisement Walk-In Applicant

Have you ever applied for a position with us? Yes No If "Yes", when and where? _____

Have you ever been employed by us? Yes No If "Yes", when and where? _____

Are you currently employed? Yes No If "Yes", where? _____

Do you or your family have business interests that could conflict with your employment at this Company?

Yes No If "Yes", explain: _____

EDUCATIONAL DATA

High School: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Years Completed: _____ Major: _____ Degree received: _____

College: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Dates Attended: _____

Degree received: _____ Grade Point Average: _____

Trade, Business or Correspondence School: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Major: _____

Degree received: _____

Are you planning to pursue further studies? Yes No

If Yes, When, Where, and What courses?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S NAME: _____

GENERAL INFORMATION

(In responding to these questions, continue on a separate sheet if you require additional space.)

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.? Yes No

(Pursuant to the Immigration Reform and Control Act of 1986, all applicants who receive an offer of employment must immediately complete an I-9 form & produce documentation, no later than 72 hours after commencement of employment. establishing their identity and authorization for employment in the United States.)

If employment is offered, can you provide personal identification such as U.S. Passport, a driver's license or photographic identification card issued by the state? Yes No

Are you over 18 years of age? Yes No If "No", state age: _____

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements? Yes No Not Applicable

Are you prohibited from or limited in your performance of any job duties for our company by any restrictive covenants, covenants not to compete, confidentiality agreements or any other contractual obligations?

Yes No If "Yes", please explain and provide a copy of the agreement to us.:

PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____ Relationship: _____

Address: _____ Phone Number: _____

NEAREST RELATIVE:

2. _____ Relationship: _____

Address: _____ Phone Number: _____

Summarize any additional experiences and/or skills you may not have mentioned that would be relevant to the position you are applying for: _____

APPLICANT'S NAME: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job, account for all periods of time, unemployment and military service included.
 (All Applicants Must Account For The last 7 Years.) (If you need additional space, please continue on a separate sheet of paper.)

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

Position Held: _____ Full-Time Part-Time

Job Duties & Responsibilities: _____

Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month

Reason For Leaving: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

Position Held: _____ Full-Time Part-Time

Job Duties & Responsibilities: _____

Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month

Reason For Leaving: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

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Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

Position Held: _____ Full-Time Part-Time

Job Duties & Responsibilities: _____

Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month

Reason For Leaving: _____

APPLICANT'S NAME: _____

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these questions, continue on a separate sheet if you require additional space.)

List dates and reasons for any gaps in employment experience you listed over a one month period.

May we contact your present employer? Yes No Previous employers? Yes No If "No", please state reasons for not contacting: _____

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? Yes No If "Yes", identify the name(s) and relevant dates: _____

Have you ever been dismissed or forced to resign from any employment? Yes No If "Yes", please explain: _____

RESIDENTIAL HISTORY

(This information is needed and will be used only in relationship to your background check.)
(All Applicants Must Account For The Last 7 Years.)

List Below Starting With The Last Previous Address First:

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

APPLICANT'S NAME: _____

MILITARY SERVICE

Are/Were you in the U.S. Armed Forces? Yes No Branch: _____

Length of Service: From: _____ To: _____ Rank at discharge: _____

Describe any special job related training received relating to position applied for: _____

Have you ever had training/schooling under the G.I. Bill? Yes No If "Yes", please explain: _____

<p>List professional, trade, business or civic activities and offices held:</p> <p>Exclude memberships which would reveal sex, race, religion, national origin, age, color, qualified disability or other protected status.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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REFERENCES

Give name, address and telephone numbers of 3 references who are not related to you and are not previous employers.

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

APPLICANT'S NAME: _____

DRIVING RECORD

(Complete if position you are applying for requires driving a vehicle.)

Have you a valid driver's license? Yes No How long have you been a licensed driver? _____

Driver's License Number: _____ Expiration Date: _____ Issuing State: _____

List any restrictions on driver's license: _____

If less than 3 years in this state, please provide what state you were previously licensed in: _____

If answer is "Yes" to any of the following questions, please explain, giving dates and details.

Yes No Have you been cited for speeding during the last three years? _____

Yes No Have you been cited for any moving violation during the past three years (left turn, etc.) _____

Yes No Has your driver's license ever been revoked or suspended? _____

Yes No Have you ever been placed on suspension or probation? _____

Yes No Have you had a vehicle accident of any type within the last three years? _____

Yes No Have you ever been cited for reckless driving? _____

Yes No Has your auto insurance ever been cancelled or has any company declined to insure you? _____

Fair Credit Reporting Act Disclosure Statement and Authorization

DISCLOSURE STATEMENT

A consumer report may be obtained on you for employment purposes. It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics, and mode of living. For investigative consumer reports, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

AUTHORIZATION

I voluntarily and knowingly authorize *Shetland Properties* or its authorized agents, for employment purposes only, to obtain or prepare consumer reports or investigative consumer reports as part of the process of my applying for employment, including independent contractor assignments as applicable. I understand that if *Shetland Properties* hires me or contracts for my services, my consent will apply, and Shetland Properties or its authorized agents may prepare and obtain consumer reports or investigative consumer reports throughout my employment or contract period.

Please provide all requested information below.

First Name	Middle Name	Last Name	Suffix
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Other Names Used

Current address	Since
-----------------	-------

Previous Address	From - To
------------------	-----------

Previous Address	From - To
------------------	-----------

Social Security Number	Date of Birth*
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Driver's License #	State Issued
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Signature	Date
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* Date of birth is being requested for identification purposes only in obtaining accurate retrieval of records and will not be used for discriminatory purposes.