

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
7. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool

For which schedules are you available? * Weekdays Weekends Evenings Nights Overtime Shift Other _____

*reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid drivers license?
Name on license _____ DL# _____ Type _____ State of Issue _____

Yes No Have you had any moving violations within the last seven years? Please describe. _____
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

SECURITY

List states and counties of residence for the past seven years: _____

Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS

(ASK FOR AN ADDITIONAL PAGE IF NECESSARY)

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
DUTIES _____
SALARY _____ PER _____
(HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
DUTIES _____
SALARY _____ PER _____
(HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
DUTIES _____
SALARY _____ PER _____
(HOUR, WEEK, MONTH) REASON FOR LEAVING _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____ DATE _____

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as 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:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524

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

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.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' 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 the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(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: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities 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 mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female

Race: Asian Black Hispanic White Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: _____

Title of job applied for: _____

RACE/ETHNICITY (check one)

- White – origins in Europe, North Africa, or Middle East
- Asian – origins in Far East, S.E. Asia or India
- Black – origins in Africa
- Hispanic – Mexican, Puerto Rican, Cuban, Central or South America
- American Indian – origins in North America, to exclude Alaska
- Native Hawaiian or other Pacific Islander
- Other

PHYSICAL CONDITION

- (1) No Disability
- (2) Physically Disabled (No Facility Modification)
- (3) Physically Disabled (Facility Modification)
- (4) Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- (5) Mentally Disabled (Learning Disability)

SEX

- Male
- Female

VETERANS/U.S. MILITARY STATUS

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (8/5/64 – 5/7/75)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one)

- Yes
- No

PERSONAL AND CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

(For Driving Positions Only)

Rangen Inc. PO Box 706, Buhl, Idaho 83316

(208) 543-6421

Name: _____
(First) (Middle - Maiden, if any) (Last)

Address: _____ How Long? _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Social Security No. _____

Address for past 3 years: _____ How Long? _____
(Street) (City) (State) (Zip)

_____ How Long? _____
(Street) (City) (State) (Zip)

(ATTACH SHEET IF MORE SPACE NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXP. DATE
DRIVERS				
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM	DATES	TO	APPROX. NO. OF MILES
STRAIGHT TRUCK					
TRACTOR & SEMI TRAILER					
TRACTOR W/2 TRAILERS					
OTHER					

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT ACCIDENT				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

LOCATION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license or privilege to operate a motor vehicle? Yes _____ No _____
 B. Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT requires that employment for at least 3 years and or commercial driving experience for the past 10 years be shown.

Last Employer: Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason For Leaving _____

2nd Last Employer: Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason For Leaving _____

3rd Last Employer: Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason For Leaving _____

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____ Applicant's Signature _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(DATE OF CERTIFICATION)

(DRIVERS SIGNATURE)

(MOTOR CARRIERS NAME)

(MOTOR CARRIERS ADDRESS)

(REVIEWED BY: SIGNATURE)

(TITLE)

40.25 (J) DRIVER PRE-EMPLOYMENT VERIFICATION OF TESTING RESULTS

COMPANY NAME: Rangen Inc.
ADDRESS: 115 13th Ave S
CITY, STATE: Buhl, Idaho 83316

TELEPHONE: (208) 543 - 6421
FAX: (208) 543 - 6090

DRIVER NAME:

IDENTIFICATION NUMBER:

IN THE PAST 2 YEARS HAVE YOU:	YES	NO
Tested positive for any controlled substances pre-employment test for any other company?		
Refused to be tested for any controlled substances pre employment test for any other company?		
Tested above .04 on any alcohol pre-employment test for any other company?		

If you answer yes to any of the above questions, can you document which Substance Abuse Professional you consulted.

Name of SAP:

Address:

City, State, Zip

Telephone Number:

SIGNED:

DATE:



**IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION**



NON-CRIMINAL JUSTICE CRIMINAL HISTORY RECORDS CHECK REQUEST
of the Idaho Central Repository of Criminal History Records

*A separate form must be used for each request. Do not use staples on the forms. The processing fee of \$10 must be included. Make checks payable to the Idaho State Police. A \$20.00 processing fee will be charged for any returned checks.
Please Print clearly in **blue** or **black** ink only.*

REQUEST				
Please provide an Idaho Criminal History on the individual named below.				
Last Name	First Name	Middle Name		
Alias Names (Include Maiden/prior Married Names)	Date of Birth (Month/day/year) / /	Sex	Race	Social Security Number (optional) - -
WAIVER				
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency.				
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.				
_____			_____	
Signature			Date	
<i>The signature date on the waiver must be within 180 days of the name check submission.</i>				

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Requesting Person or Company	Address of Requester (Results will be mailed to this address)
Signature of Requester or Representative of Requesting Company	Request Date

Results of Non-Certified Record Search			
Record attached <input type="checkbox"/>	No Record Found <input type="checkbox"/>	BCI Initials _____	Date _____

General Information:

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."

P.O. BOX 700 MERIDIAN, ID 83680-0700 - (208) 884-7130 - FAX 884-7193