



HERITAGE  
*A tradition of excellence!* *Glass*

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## EMPLOYMENT APPLICATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ yes \_\_\_\_\_ no  
If not, do you have work papers? \_\_\_\_\_

Do you voluntarily identify yourself as a veteran for reporting purposes? \_\_\_\_\_ yes \_\_\_\_\_ no

## EDUCATION

(name and location of school)

High school: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Bus./Trade: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Col./Univ.: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

(begin with most recent position)

Most recent

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Previous Employer

Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Position (s) Held: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Previous Employer

Firm: \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**REFERENCES**

Please furnish the names and addresses of two people to whom you are not related and by whom you have not been employed.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to us? (person or agency) \_\_\_\_\_

Summarize you special skills or qualifications:  
\_\_\_\_\_  
\_\_\_\_\_

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

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**For Department Use Only**

Action  
\_\_\_\_\_

## Authorization for Release of Information

- TO:
- Any Law Enforcement Agency, or any Department or Agency of a City, County, State, or Federal Government to Conduct a Criminal Investigation, and obtain other public records.
  - Any Motor Vehicle Record
  - Any Past or Present Employer
  - Any Registrar, Dean, Principal, Other Authorized person at a School, University, College, High School, Trade School
  - Any Bank, Financial Institution, Credit Agency or Consumer reporting organization
  - Any Landlord, Real Estate or Rental Agency, Mortgage Institution, Public Utility, or Neighbor
  - Any Person having knowledge of my conduct or activities

I, \_\_\_\_\_ First  
Name Middle Name Last Name

hereby authorize and empower **Heritage Glass** and Corporate Security Services, Inc., or authorized representatives and/or your agents bearing this release or copy thereof, to conduct appropriate inquiries, including but not limited to personal interview and records checks, from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, including worker's compensation agencies and other individuals relating to my past activities and to supply any and all information concerning my background for determination of my eligibility to be assigned to a position of trust and responsibility.

I authorize all persons who may have information or documents relative to these inquiries to disclose and/or provide copies of it to **Heritage Glass** and Corporate Security Services, Inc., and/or its agents, and I hereby release all persons from liability resulting in providing such information/disclosures.

By my signature below, I hereby release any individual or institution, including it's officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

**Authorization for Release of Information - Continued**

I hereby certify that all the statements and answers set forth on the application form and/or my resume and any related information provided by me are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers or other information that I have provided are, found to be false or that if information has been omitted, such false statements or omissions will be just cause for termination of my employment.

By this document, **Heritage Glass** disclosed to me that a consumer report may be obtained for employment purposes as part of the employment process and if hired this authorization shall remain on file and serve as an ongoing authorization at any time during my employment with **Heritage Glass** for them to procure at any time an investigative consumer report containing information as to my character, general reputation, personal characteristics, and mode of living. Should an investigative report be requested, I will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act.

A photocopy of the authorization is to be considered as valid as the original. Should there be any questions as to the validity of the authorization questions may also be directed to:

Corporate Security Services, Inc.  
PMB 169 D102  
14300 NE 20<sup>th</sup> Avenue  
Vancouver, Washington 98686  
Telephone Number: 1-888-822-4277

**Heritage Glass**  
2005 NE Columbia Boulevard  
Portland, Oregon 97211

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Print: First Name

Middle Name

Last Name

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Signature

Date

\_\_\_ **NO:** do not contact my current Employer \_\_\_ **YES:** contact my current Employer

**NOTE: This information is provided only to assist in verifying information provided on the application for employment.**

\_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Previous Name/Maiden Name Date Changed

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Social Security Number Date of Birth

\_\_\_\_\_  
 Drivers License Number State of License Expiration Date

**Please list all City and States in which you lived, worked or went to school**

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

Please provide the following reference information. These references should be in addition to the "PERSONAL REFERENCES" or "EMPLOYMENT REFERENCES" that you provided on your employment application form.

**ADDITION PROFESSIONAL AND EMPLOYMENT REFERENCES:** The below listed references can be contacted to obtain information about my professional and employment experience:

1. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
6. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

## **Applicant Acknowledgment**

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

By my signature, I acknowledge that I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act".

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Signature

Date

***For Employer's File***

# 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 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.

## ***For Applicant***