

APPLICATION FOR EMPLOYMENT

NAME _____ DATE: _____
(FIRST) (M) (LAST)

SOCIAL SECURITY NUMBER: _____ DOB: ____/____/____

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE AND ZIP CODE)

TELEPHONE NUMBER: _____

Please answer YES or NO to the following questions:

Are you at least 18 years of age?

Can you, after employment, verify that you have legal rights to work in the U.S.?

Do you, speak read or understand any language other than English which could assist you in the performance of your work duties? If so, indicate the language: _____

Have you ever been convicted of a felony that has not been deleted, sealed, impounded?

If so, when: _____

A felony conviction will not necessary be a bar for employment. To help evaluate your application, please describe the nature offense, and your subsequent rehabilitation, PLEASE EXCLUDE any conviction discharged under the Georgia First Offender

Act. _____

Do you have any information regarding a change of name, use of an assumed name or nickname, necessary to enable us to check on your work and education record? If yeas, please provide other names _____

Are you a Veteran of the U.S. Military Service? If yes, please provide Branch and dates of service: _____

EMPLOYMENT HISTORY

Please list your employment history for the past two years. Start with you present status and note any periods in which you were not employed.

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Salary/Wage: Start: _____ Final: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Salary/Wage: Start: _____ Final: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Salary/Wage: Start: _____ Final: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In compliance with the Fair Credit Reporting Act ("FCRA"), Chosen Enterprises, Inc. and its subsidiaries notifies you that we may request a consumer report or an investigative consumer report as part of our employment application process. The nature and scope of the consumer report or investigative consumer report Chosen Enterprises, Inc. and its subsidiaries may request includes information regarding your credit worthiness, credit standing, credit capacity, driving habits and record, character, general reputation, personal characteristics, or mode of living. This report will include information of any criminal record. This information may be gathered through personal interviews with your prior employers, government agencies, courts, law enforcement agencies, departments of motor vehicles, neighbors, friends, associates, others with whom you may be acquainted, or other persons who may have knowledge concerning any such information. The interviews, if any, normally will be conducted with only one person at each organization or entity that is contacted for an interview. The questions asked will relate to the information that would be expected to be within the possession of the person or organization being contacted. For example, government agencies, law enforcement agencies, courts and the department of motor vehicles will be asked about criminal records and driving records.

The name and address of the consumer reporting agency providing the consumer report or investigative consumer report is Human Assets South, Inc., 4315 South Lee Street, Suite 200, Buford, GA 30518, Telephone: 800-553-7276. You may request a copy of this report upon its completion directly from the consumer reporting agency. You have a right to dispute with the consumer reporting agency any inaccurate information by directly contacting the agency.

Chosen Enterprises, Inc. and its subsidiaries will take no adverse employment action on the basis of any consumer or investigative consumer report unless you have been sent beforehand a copy of the report and a written description of your rights under the FCRA.

CERTIFICATION OF RECEIPT OF DISCLOSURE AND AUTHORIZATION TO OBTAIN A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER REPORT

I acknowledge that I have received a copy of the above Disclosure and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

I voluntarily authorize Chosen Enterprises, Inc. and its subsidiaries to obtain a consumer report or an investigative consumer report regarding me in connection with my application for employment or my continuing employment. I understand this consent will apply during the course of my employment with Chosen Enterprises, Inc. and its subsidiaries, should I obtain such employment. I understand that any and all information contained in my job application or otherwise disclosed to Chosen Enterprises, Inc. and its subsidiaries by me may be used to obtain a consumer report or investigative consumer report and confirm that all such information is true and correct.

Signature

Date

Print Name (first, middle last name)

Social Security Number

F.A.C.T.S.SM

A Registered Service Mark of Human Assets South, Inc.

I hereby authorize CHOSEN ENTERPRISES, INC. AND ITS SUBSIDIARIES, HUMAN ASSETS SOUTH, INC. and/or any of their authorized agents to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency. I also hereby give authorization for CHOSEN ENTERPRISES, INC. AND ITS SUBSIDIARIES, HUMAN ASSETS SOUTH, INC. to request information from previous employers, educational institutions and all public/private records including military service, Worker's Compensation, driving and credit and any other pertinent information relating to the successful function of the job for which I am considered. I hereby release CHOSEN ENTERPRISES, INC. AND ITS SUBSIDIARIES, HUMAN ASSETS SOUTH, former employers, other references and any of their authorized agents from any liability, and I knowingly understand and agree that there is no invasion of personal privacy. I understand that my background investigation will be conducted in order to ensure the business standards and practices of CHOSEN ENTERPRISES, INC. AND ITS SUBSIDIARIES and will be held strictly confidential. This authorization, in original or copy form, shall be valid for this and any future reports or updates during my employment with CHOSEN ENTERPRISES, INC. AND ITS SUBSIDIARIES.

Full Printed Name:

_____ (First Name, Middle Name, Last Name)

_____ Print Other Names Used

Street Address:

City, State & Zip Code:

PREVIOUS HOME ADDRESSES:

Street Address/City/State/Zip

County

From Mo/Yr to Mo/Yr

1. _____

2. _____

Date of Birth:* _____

Social Security Number: _____

Driver's License Number: _____

State of Issue: _____

Race: _____

Sex: _____

Regarding your highest level of education, please provide:

Dates Attended: _____

School Name

Location

_____ Signature

_____ Date

* Date of birth information will be used by the consumer reporting agency to try to ensure an accurate investigation. It will not be used in any employment decision. The Age Discrimination in Employment Act prohibits discrimination against person 40 years of age or older.

Have you ever been previously convicted of a criminal offense, misdemeanor or felony, including but not limited to DUI's possession of illegal substances, theft, worthless checks, violence, weapons, etc. – do not include minor traffic citations.

_____ YES _____ NO

If the answer to the above is yes, provide details below. Attach additional sheet if necessary.

Name (at time of conviction)	Date	Description of Charge	Law Agency (City and State)	Felony or Misdemeanor

CALIFORNIA, MINNESOTA AND OKLAHOMA:

I wish to receive at no charge a copy of the consumer report or investigative consumer report regarding me when it is received by CHOSEN ENTERPRISES, INC. AND ITS SUBSIDIARIES.

(Note: The Consumer Reporting Agency must provide copy to applicant/employee at the same time it supplies copy to CHOSEN ENTERPRISES, INC. AND ITS SUBSIDIARIES.

California Supplement

Section 1786.22 of the California Civil Code provides that an investigative consumer reporting agency shall supply files and information required by Section 1786.10 during normal business hours and on reasonable notice. A consumer may review the information in the file maintained on him/her: (1) in person by providing proper identification and may obtain a copy of his/her file for a fee not to exceed actual copying costs; (2) by certified mail by making a written request that a copy of the file be mailed to a specific address; or (3) by telephone or by making a written request and paying any toll charge for the telephone call. Proper identification includes a valid driver's license, social security number, military identification card, and credit cards. The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished and provide a written explanation of any codes contained in the file. A consumer may bring another person to review the consumer's file; the investigative consumer reporting agency may require the consumer's written permission before discussing any information in the consumer's file in the other person's presence.