



EQUAL OPPORTUNITY EMPLOYER

PO BOX 588 - AUGUSTA, GA 30903

Beech Island, SC Job Information 803-489-0093

Aurora, NC Job Information 252-322-4299 .

Savannah, GA Job Information 912-964-6779

EMPLOYMENT APPLICATION

Application is valid for 1 year only; a new application must be completed after that time for further consideration.

POSITION DESIRED _____	SALARY/ RATE EXPECTED _____
DATE YOU CAN START WORK: _____	

PERSONAL DATA

DATE _____	SSN _____
NAME Last _____ First _____ Middle Initial _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
CELL or HOME NUMBER _____	EMAIL ADDRESS _____
PERSON TO NOTIFY IN CASE OF AN EMERGENCY NAME _____	RELATIONSHIP _____
ADDRESS _____	PHONE NUMBER _____

EMPLOYMENT HISTORY (If no work history, list none)

PRESENT OR MOST RECENT EMPLOYER: _____	PHONE: _____	
ADDRESS _____	SUPERVISOR _____	
DATE HIRED ____/____/____	DATE OF TERMINATION ____/____/____	WAGE/SALARY: _____
DESCRIPTION OF DUTIES: _____		
REASON FOR LEAVING: _____		

PRESENT OR MOST RECENT EMPLOYER: _____	PHONE: _____	
ADDRESS _____	SUPERVISOR _____	
DATE HIRED ____/____/____	DATE OF TERMINATION ____/____/____	WAGE/SALARY: _____
DESCRIPTION OF DUTIES: _____		
REASON FOR LEAVING: _____		

PRESENT OR MOST RECENT EMPLOYER: _____	PHONE: _____	
ADDRESS _____	SUPERVISOR _____	
DATE HIRED ____/____/____	DATE OF TERMINATION ____/____/____	WAGE/SALARY: _____
DESCRIPTION OF DUTIES: _____		
REASON FOR LEAVING: _____		

EDUCATIONAL BACKGROUND	NO. OF YRS. COMPLETED	COURSE OF STUDY	GRADUATE
HIGH SCHOOL ADDRESS _____			YES _____ NO _____
COLLEGE ADDRESS _____			YES _____ NO _____
TRADE SCHOOL ADDRESS _____			YES _____ NO _____
OTHER ADDRESS _____			YES _____ NO _____

PROFESSIONAL REFERENCES		
NAME	OCCUPATION	PHONE NUMBER
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____

Have you ever been employed by All-Safe? List Supervisor name & approximate dates: _____
 Do you have any family members who currently work for All-Safe? List names _____

Indicate any days or shifts you cannot or will not work and give the reason _____
 Do you have reliable transportation? _____
 Are you willing to locate or work out of town if necessary? _____
 Do you have a valid drivers license? _____ State _____ DL # _____ CDL Class? _____
 In which trade have you been trained? _____ How many years experience do you have? _____
 Have you ever served in an apprenticeship program? _____
 Was your experience residential, commercial, or industrial? _____
 Have you ever been convicted or plead no contest to a crime other than a minor traffic offense?
 Yes ___ or No ___ (Note: A conviction will not necessarily disqualify you from employment.)
 If yes, please explain including dates: _____

Do you have the legal right to work in the U.S.? _____ Can you prove your ability to work in the U.S.? _____

RELEASE

I hereby certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I authorize All-Safe Industrial Services to investigate all statements made in the application process, and I authorize my former employers, educational institutes, and references to provide any and all information they have regarding me, and I hold them harmless for any real or perceived damage that information may cause me. I understand that consideration for employment is contingent on the completion of a satisfactory background check, application check, drug screen, and my ability to prove citizenship or immigration status. If upon investigation, anything contained in this application is found to be untrue, misrepresented, or omitted may result in withdrawal of an employment offer and I may be subject to immediate dismissal. I further understand that employment with All-Safe Industrial Services, Inc. is at will and the employment relationship may be ended by either party at any time, with or without notice, with or without cause. _____ Initial

ALCOHOL AND DRUG POLICY

I hereby certify that I am aware that this prospective employer maintains an alcohol and drug-free workplace and that if offered a position with this employer, I may be required to take a pre-employment alcohol and drug test. I am also aware that on a random basis, I may be required to submit to alcohol and drug testing, and that it is the policy of this employer to test all employees involved in an on-the-job accident for the presence of alcohol and drugs. By signature of this Employment Application, I affirm my consent to be tested for alcohol and drug use as described above. _____ Initial

APPLICANT SIGNATURE _____ DATE _____



Disclosure & Authorization Form to Obtain Consumer Reports

Name:	SSN:	
Date of Birth:	Driver's License / ID No.:	
Street Address:	State Issued:	Expiration Date:
City:	State:	
Zip:	County:	

Disclosure

In considering you for employment All-Safe Industrial Services ("the Company") may request and rely upon one or more consumer reports. These reports may include background check, MVR, education verification, credential verification, credit report, or employment verification and reference checks. Under the Fair Credit Reporting Act (FCRA), All-Safe must have your written consent to obtain one or more of these reports for employment purposes. Before we take adverse action based on information in any of these reports, you will be provided a copy of that report, the name, address, and telephone number of the reporting agency, and a summary of your rights under the FCRA so that you may contact them if wish to dispute any information contained in the report(s).

Authorization

I have read and understand the disclosure, and authorize All-Safe Industrial Services to obtain and rely upon consumer reports in considering me for employment. I further understand that All-Safe may obtain updated reports or additional reports as it may deem necessary to maintain records in my personnel file should I become an employee, in the course of investigating any claim for Workers' Compensation benefits, or in the routine investigation of allegations of misconduct as outlined in All-Safe's policies or procedures. I agree to hold All-Safe Industrial Services, its employees, agents, assigns and vendors providing these reports harmless for any and all damages that may be done unless such damages were the result of malicious and deliberate libel, slander, and/or defamation, the result of which is actual damage to me or my reputation.

By my signature below, I authorize All-Safe Industrial Services to obtain any such reports and to share the information received with any person involved in the employment decision about me.

Signature

Date

REV.9.23.2014



Drug & Alcohol Testing Consent & Release Form

All-Safe Industrial Services ("the Company") is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any employee or prospective employee uses illegal or unauthorized drugs while on or off the job or is under the influence of alcohol while on the job.

I understand that as a Drug Free Workplace, All-Safe Industrial Services requires drug and/or alcohol testing for the following reasons: pre-employment, random testing (by All-Safe or its customers as required by contracts), reasonable suspicion, post-accident or incident.

I agree to submit to substance and/or alcohol testing for any of the above reasons and that I authorize the Company or medical facility/clinic/lab of the company's choice to collect blood, urine, saliva, breath, and/or other samples for testing to determine the presence of controlled substances, unauthorized drugs, and/or alcohol in my system. I also agree to submit to substance and/or alcohol testing requested by any All-Safe Industrial Services' customer for any of the reasons already stated in this consent form when I am working on that customer's job site.

I understand that any consideration of my prospective or current employment with the Company will be terminated if the test indicates positive results for illegal or unauthorized drugs, or alcohol. I also understand that refusal to submit a specimen for testing or failure to submit a specimen within two (2) hours of the request will be considered a positive result. Furthermore, I agree that All-Safe Industrial Services may deduct \$1,000.00 from my paycheck for any fine that is assessed by the customer for the positive drug or alcohol test.

I authorize any testing facility used to give the results of my tests to the Company and agree to hold the Company and its agents harmless from any and all liability in connection with the testing for drugs or alcohol and the use of the results as it pertains to my prospective or current employment considerations.

Signature

Printed Name

Witness Signature

Printed Name



DEPS Security Group
DEPS Safety & Security Services, Inc.

Records Release Form

Please be certain this form is filled out legibly in order to ensure accuracy.

Name: _____
Last First Middle

Social Security Number: _____

Aliases or Other Names: _____
Including Maiden Names

Date of Birth: _____ (00/00/0000) Sex: Male Female Race: _____

Residence Information:

Must list all places lived in the past 7 years (Including Temporary Residences)

Street	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drivers License Information:

License Number: _____ State: _____

I (employee) have also read and signed the BGC Disclosure that my employer will keep in my records.

Signature: _____ Date: _____

Company Authorization Signature: Palano Joe Date: _____

Company Name: All-Safe Industrial Services, Inc.

PCS Contractor ADM Military Other

Email form to: msmith@depsnet.com or Fax form to: 252-523-6464



Disclosure

We, DEPS Safety & Security Services, Inc. will obtain an investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is backgroundchecks.com ("BGC"). BGC's address is P.O. Box 353, Chapin, SC 29036. BGC's telephone number is (866) 265-6602. BGC's website is www.backgroundchecks.com.

To prepare the reports, BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may inspect BGC's files about you (in person, by mail, or by phone) by providing identification to BGC. If you do, BGC will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If BGC obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

The Federal Trade Commission provides a summary statement of your rights on its website at www.ftc.gov/credit.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed name

Para informacion en espanol, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- 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;

This form is to be signed and remain in the employers records on any employee which a background check is requested. It is not to be returned to DEPS Safety & Security Services.