

APPLICATION FOR EMPLOYMENT

FOR AT-WILL EMPLOYMENT WITH

GS ENTERPRISES, INC



Position Desired: _____ [] Part time [] Full time Date _____

Name (Print) _____
 Last First Middle

Present Address _____
 Street and Number City State Zip Code
 How long have you lived there? _____
 Years Months

Previous Address _____
 Street and Number City State Zip Code
 How long did you live there? _____
 Years Months

Telephone No. _____ email: _____

Have you ever applied to our company before? [] Yes [] No

If Yes, please give dates and position: _____

Salary Desired for the position you are applying for today? _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Fully complete each section. Attach an additional page if necessary.

Present or Last Employer Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed From</u> _____ (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____
Present or Last Employer Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed From</u> _____ (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____

Present or Last Employer Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay \$ _____ Start \$ _____ Final	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving
Present or Last Employer Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay \$ _____ Start \$ _____ Final	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving
Present or Last Employer Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay \$ _____ Start \$ _____ Final	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving

Present or Last Employer Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay \$ _____ Start \$ _____ Final	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving
Present or Last Employer Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay \$ _____ Start \$ _____ Final	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving

Have you ever been terminated or asked to resign from any job? Yes No
 If Yes please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No. If No, please explain: _____

If presently employed, why are you seeking a job change? _____

Which of your various jobs did you like the best? And the least? Please explain your answers. _____

What kind of people annoy you? _____

Describe why you are interested in working for our company, and list all skills which you believe qualify you for a position with us. Please be sure to include any actual experience, special training and qualifications. _____

Do you type? Yes No. Number of words per minute. _____

Do you have any computer or word processing training/experience? Yes No If yes, please describe. _____

What languages do you speak fluently? _____

Have you ever used another name? Yes No If Yes, Please list all other names and the date(s) you used each name. _____

If hired, can you furnish proof that you are 18 years of age or older? Yes No

If hired, can you furnish proof of your eligibility to legally work in the United States? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position with or without reasonable accommodation, for which you are applying? Yes No

Do you have reliable transportation to and from work? Yes No

Are you able and willing to travel and work overtime as needed? Yes No

Are you able and willing to relocate? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please indicate. _____

Are you willing and able to abide by all safety rules of this company? Yes No

Is there any reason you are unable or unwilling to report to work on time every day? Yes No

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well -- **not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL ANSWERS AND STATEMENTS I HAVE MADE ON THIS APPLICATION (AND OTHER ACCOMPANYING INFORMATION SUCH AS A RESUME), ARE TRUE AND COMPLETE WITHOUT OMISSIONS. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR OTHER ACCOMPANYING DOCUMENTS SUCH AS A RESUME AND ANY INFORMATION PROVIDED DURING ANY INTERVIEWS), WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED, AND MAY RESULT IN MY DISMISSAL IF DISCOVERED AT A LATER DATE. I UNDERSTAND THAT THIS APPLICATION, ANY VERBAL STATEMENTS MADE BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I UNDERSTAND THAT IF I AM HIRED, IT WILL BE AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON, AND WITH OR WITHOUT NOTICE.

Date

Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Colorado Revised Statutes 13-22-201 et seq. and all of the Act's other mandatory and permissive rights to discovery. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Colorado Antidiscrimination Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Colorado Workers' Compensation Act, Division of Employment and Training unemployment claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the Colorado Civil Rights Division or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired Colorado District Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, and judgment on the pleadings shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision and both I and the Company give up our right to trial by jury of any claim I or the Company may have against each other.**

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable. If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

SIGNATURE OF APPLICANT

DATE



Quick Search's Background Screening Authorization Form For Crawford Contractor Connection Members

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

The purpose of this form is to notify you that **SteamMaster Restoration and Cleaning, LLC**. ("Company") may obtain information about you from Quick Search for employment purposes to the extent permitted by law.

Background Screening Report: I authorize Quick Search to perform a background screening report as specified by Crawford Contractor Connection that will include a social security trace, 7 year address history, unlimited county criminal search for both counties **resided in and worked in** for the **current and previous 7 years**, unlimited federal district search for districts that I have **lived in and worked work in** for the **current and previous 7 years**, Statewide Criminal Search, National Criminal database search, 50 State Sex Offender search as well as an OFAC search. In addition, Contractors may choose to also order Motor Vehicle Records, Drug Tests, Employment and Education Verification as an a la carte item at their discretion.

Authorization and Understanding: I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent or representative of Quick Search. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment. I understand that the information requested is for the use by the Company and may be re-disclosed to Crawford Contractor Connection. I understand that I have the right to request a copy of the report from the Company.

If you are a **Minnesota, California, Oklahoma or New York resident only and you want a copy of your report, check here** _____.

I indemnify, release, and hold harmless the Company, Quick Search, any investigators, reporting agencies, from any and all claims, defamation, demands, an/or liabilities arising out of, or related to, such investigations, disclosures, or admissions. Copies, scans and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

Applicant Signature:

TO BE COMPLETED BY APPLICANT																			
The Following Information Is True And Correct To The Best Of My Knowledge And Is Used For Identification And Investigative Purposes Only. PLEASE USE AN INK PEN AND PRINT CLEARLY. USE "UPPER CASE" LETTERS. ONE LETTER PER BLOCK.																			
SELF	Last Name																		
	First Name																		
	Middle Name									Nickname									
	Maiden Name									Dates Applicable									
	Previous Married Name 1									Dates Applicable									
	Previous Married Name 2									Dates Applicable									
	Date of Birth									Today's Date									
	SS# Number																		
	Driver's License Number																	State Issued	
	Cell Phone																		
	Home Phone																		
	Email Address																		
7- YEAR RESIDENTIAL ADDRESS (PLEASE FILL IN BELOW)																			
FORMER CURRENT	Street Address																		
	City / State / Zip									State			Zip Code						
	Street Address																		
	City / State / Zip										State			Zip Code					
7-YEAR BUSINESS ADDRESS (PLEASE FILL IN BELOW)																			
FORMER CURRENT	Street Address																		
	City / State / Zip										State			Zip Code					
	Street Address																		
	City / State / Zip											State			Zip Code				

2013 Summary of FCRA Rights

Please read the following statements carefully.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **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 identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies.

See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

2013 Summary of FCRA Rights

Please read the following statements carefully.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580, Phone: (877) 382-4357

GETTING TO KNOW YOU

Tell us a little about yourself.

Why did you leave your last job?

Why do you want to work at SteamMaster?

What are your best skills?

What is(are) your major weakness(es)?

What are your career goals?

What Salary are you expecting?