



Team Sheeper, LLC  
 501 Laurel Street  
 Menlo Park, CA 94025  
 650-328-7946

## Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Application must be completed in full even if attaching a resume.

PERSONAL INFORMATION					
<b>Full name:</b>	First	MI	Last		Social Security Number:
<b>Present address:</b>	Street		City	St	ZIP
<b>Home Phone:</b>	Please tell us how you were referred to our company.				
<b>Business Phone:</b>	<input type="checkbox"/> Employee Referral Name: _____ <input type="checkbox"/> Newspaper Ad: <i>List newspaper:</i> _____ <input type="checkbox"/> Online Source: <i>List source:</i> _____				
<b>Mobile/ Other:</b>					
Are you over the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			If under age 18, can you supply a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			Are you able, upon employment, to provide documentation establishing your identity and eligibility to be legally employed in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(A conviction record will not necessarily be a bar to employment.)</i> If yes, please explain:					
Have you ever worked for the company before? <input type="checkbox"/> YES <input type="checkbox"/> NO Approximate date: mo/yr.					
Have you ever applied for employment at the company before? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, where?</i> Approximate date: mo/yr.					

JOB INTEREST								
<b>PLEASE CHECK SCHEDULE AVAILABILITY:</b>			Can you perform the essential functions of the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)</i>					
<input type="checkbox"/> I am available and desire to work FULL-TIME and do not have restrictions on my hours and days  <input type="checkbox"/> I am available and desire to work PART-TIME								
<b>Desired wage:</b>			<b>First date available for work:</b>					
<b>HOURS AVAILABLE</b>		<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>FROM</b>		A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.
<b>TO</b>		A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.
<b>NOTE:</b> Work schedules are based upon the needs of the business and may be subject to change at management discretion.								

## EMPLOYMENT HISTORY

Begin with your most recent employment and continue with all past employment (attach additional sheet if necessary)

Employer Name	<b>Dates Employed</b>	From:	Starting Salary:
		To:	Final Salary:
Address	City	State	Zip
Job title	Describe your job duties:		
Name & title of immediate supervisor	Phone number: ( )	<b>Reason for leaving (please explain)</b>	
	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer Name	<b>Dates Employed</b>	From:	Starting Salary:
		To:	Final Salary:
Address	City	State	Zip
Job title	Describe your job duties:		
Name & title of immediate supervisor	Phone number: ( )	<b>Reason for leaving (please explain)</b>	
	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer Name	<b>Dates Employed</b>	From:	Starting Salary:
		To:	Final Salary:
Address	City	State	Zip
Job title	Describe your job duties:		
Name & title of immediate supervisor	Phone number: ( )	<b>Reason for leaving (please explain)</b>	
	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer Name	<b>Dates Employed</b>	From:	Starting Salary:
		To:	Final Salary:
Address	City	State	Zip
Job title	Describe your job duties:		
Name & title of immediate supervisor	Phone number: ( )	<b>Reason for leaving (please explain)</b>	
	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**Explain any period between jobs:**

------------------

## EDUCATION

Name of School	City and State	Major course of study	Circle last year attended	Highest Grade/ Degree Completed
High School			9 10 11 12	
College			1 2 3 4	
Graduate School			1 2 3 4	

## ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Military Service?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Branch/Duty/Location	Military Specialty	Highest Rank
-------------------	--	----------------------	--------------------	--------------

*List any other experience, skills or other qualifications which you believe should be considered in evaluating your qualifications for employment (i.e. CPR Certification, First Aid, Life Guard Certified etc.):*

## ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with the company?  YES  NO

if yes, please explain:

## REFERENCES

Please list three persons to whom you are not related

Name	Occupation	Phone (    )	Years Known
Name	Occupation	Phone (    )	Years Known
Name	Occupation	Phone (    )	Years Known

## NOTIFICATION AND AGREEMENT

Please read carefully before signing

**I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Company to afford equal opportunity to all Employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by federal, state or local law.

In making this application for employment, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Company. I understand this decision is to rest with the Company.

If employed, I agree to hold in strictest confidence any information concerning the Company, its Insureds, and its Agents which may come to my knowledge.

I understand that the Company requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Company's discretion.

I will be able, if offered employment, to certify that I am authorized to work in the United States of America, and understand that I will be required to provide timely documentation of identity and employment eligibility, in accordance with applicable laws.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the company, at any time, can constitute a contract of employment.

I understand that the company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chief Executive Officer or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

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

### DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Team Sheeper, LLC (“Company”), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** (“Kroll”). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a “need to know” such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

### IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

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

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
 Street /P. O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
 Street /P. O. Box      City      State      Zip Code      County      Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

**For CA, MN & OK Residents Only: Please provide me with a copy of my background report      YES:  NO**

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll’s offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

\* Providing date of birth and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Company ID: \_\_\_\_\_

# KROLL

## DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Team Sheeper, LLC ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

### IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

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

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

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

Street /P. O. Box      City      State      Zip Code      County      Dates

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

Street /P. O. Box      City      State      Zip Code      County      Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

**For CA, MN & OK Residents Only: Please provide me with a copy of my background report      YES:       NO**

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.