

EMPLOYMENT APPLICATION

DATE OF APPLICATION: _____

PERSONAL INFORMATION (Print Clearly and Complete Fully)

Name (Last)	(First)	(Middle)	Social Security Number
Home Address	City	State	Zip
Home Telephone			Drivers License Number
()			()

Home Telephone	Cell Telephone
()	()

Position Applying For : _____	Days and hours available if applying for part-time.	Day	Mon	Tues	Wed	Thurs	Fri	Sat
Date Available: _____ Are you interested in (check all that apply):		From						
____ Full Time ____ Part Time ____ Temporary ____ Summer		To						

Are you willing to relocate? ____ Yes ____ No	If you are under 18 years of age, please state your date of birth. (No one under the age of 18 may be hired.)	Are you willing to travel? ____ Yes ____ No If yes, what percent? ____ %
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How were you referred to Carlin Sales Corporation? _____

EDUCATION

Type of school	Name and Location of School	Degree/Area of Study	From/To	Graduated (check one)
High School	Name _____ Address _____			____ yes
	City _____ State _____ Zip _____			____ no
College	Name _____ Address _____			____ yes
	City _____ State _____ Zip _____			____ no
Graduate School	Name _____ Address _____			____ yes
	City _____ State _____ Zip _____			____ no
Other	Name _____ Address _____			____ yes
	City _____ State _____ Zip _____			____ no

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained	Date of Entrance	Date of Discharge

SPECIAL SKILLS

Typing Speed _____ wpm	Keyboard _____ (Strokes/Hour)	PC Software/Other Equipment Experience
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LEGAL

Are you a U.S. Citizen? ____ Yes ____ No. If no, do you have a legal right and necessary documents to work in the U.S.? ____ Yes ____ No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986).

Were you ever discharged by any company? ____ Yes ____ No. If yes, give name of company(ies) _____

Reason for discharge: _____

May we contact your present employer? ____ Yes ____ No

May we contact your past employer(s)? ____ Yes ____ No Please indicate if you were employed under a different name.

List employment starting with you most recent position. (See back of form).
 Account for any time that you were unemployed by stating the nature of you activities.

Complete Other Side

EMPLOYMENT HISTORY

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY WAGES	REASON FOR LEAVING
From:	Name	Your Job Title		Starting	
To:	Address City State	Supervisor		Final	
	Phone				
From:	Name	Your Job Title		Starting	
To:	Address City State	Supervisor		Final	
	Phone				
From:	Name	Your Job Title		Starting	
To:	Address City State	Supervisor		Final	
	Phone				
From:	Name	Your Job Title		Starting	
To:	Address City State	Supervisor		Final	
	Phone				

Have you previously worked for Carlin Sales Corporation or any of its affiliates? _____ Yes _____ No

Name _____ Location _____

City & State _____ Position Held _____

Supervisor _____ Dates Employed: From _____ To _____

Reason for leaving _____

REFERENCES

Business references: (Do not list relatives and please indicate if you were employed under a different name.)

Name	Company Name and Address	Work Phone #	Title	Years Known

PLEASE READ CAREFULLY

In submitting this application for employment, I understand an investigation may be made whereby information is obtained regarding my character, previous employment, educational background, credit record and criminal history. I authorize anyone possessing this information to furnish it to Carlin Sales Corporation and/ or First Advantage Corp. upon request and I release anyone so authorized, Carlin Sales Corporation and/or First Advantage Corp. from all liability and damages whatsoever in furnishing, obtaining or using said information.

I understand that any false information, omission or misrepresentation of the facts called for in this application or during the interviewing process may result in rejection of my application or discharge at any time during my employment. In the event of employment, I also understand that I am required to abide by all rules, regulations and policies of Carlin Sales Corporation.

I understand and agree if employed, the employment will be "at will". That is, either I or Carlin Sales Corporation may end the employment relationship at any time, for any reason, or for no reason. I understand receipt of this application by Carlin Sales Corporation does not imply employment and this application and/or other Carlin Sales Corporation documents are not contracts of employment.

All information contained herein will remain personal and confidential, and will only be used for employment purposes with Carlin Sales Corporation or its affiliates.

Applicants Signature _____ Date Signed _____