



EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Pay or Wages: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____



Application Form Waiver

In exchange for the consideration of my job application by Advanced Government Services, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Advanced Government Services, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Advanced Government Services, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____Initials

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. _____Initials

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as random testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. _____Initials

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. _____Initials

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. _____Initials

Signature of applicant _____

Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



BACKGROUND CHECK CONSENT & RELEASE FORM

I hereby give my permission for **ADVANCED GOVERNMENT SERVICES, INC.** and its designated agents and representatives to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for employment with **ADVANCED GOVERNMENT SERVICES, INC.** I also understand that, as long as I remain employed with **ADVANCED GOVERNMENT SERVICES, INC.**, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge and agree to indemnify and hold harmless **ADVANCED GOVERNMENT SERVICES, INC.** and each of their officers, directors, employees and agents from and against any and all causes of action suits, liabilities, costs, debts and other sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee of **ADVANCED GOVERNMENT SERVICES, INC.**

Applicant's Name (printed): _____

Date of Birth: _____ **SSN:** _____

Applicant's Present Address: _____

City: _____ **State:** _____ **Zip:** _____

Driver's License State and Number: _____

1. Have you ever been convicted of a felony or misdemeanor? YES ___ NO ___

If yes, please explain.

2. Have you ever been convicted of a DUI? YES ___ NO ___

If yes, please explain.

Signature: _____

Date: _____



OBSERVED DRUG SCREEN AUTHORIZATION FORM

I acknowledge that I have agreed to take an **OBSERVED** NON-DOT drug screen as a pre-employment requirement to work for Advanced Government Services. I have been fully informed of the reason for the test. I also acknowledged that this means that a licensed nurse or doctor will be in the room watching me while I give a specimen of my urine for pre-placement drug test. I further consent to allow the laboratory testing service to make the results of such screen available to Advanced Government Services.

I understand that if at any time I refuse to submit to a drug test, or otherwise fail to cooperate with the testing procedures, my application for employment will be immediately withdrawn from consideration for employment. I also understand that this is a non-refundable charge.

Signature

Date

Company Representative

Date