

## SUNRISE SAFETY SERVICES, INC. EMPLOYMENT APPLICATION

An Equal Opportunity Employer. Reasonable accommodation provided as required by law.

|   |                                   |   |   |               |        |          |        |
|---|-----------------------------------|---|---|---------------|--------|----------|--------|
| Name:   |                                   | First   | Middle  | Last          |        |          |        |
| Street Address  |                                   | City/State  | Zip Code  | Phone Number: |        |          |        |
| If hired, can you provide evidence of legal eligibility to work in the U.S.?  |                                   |   | Any offer of employment is conditional upon verification of form I-9 and appropriate documents for identity and work authorization.   |               |        |          |        |
| Position Desired:   | Wage/Salary Desired:              |   | Full Time? ___<br>Part Time? ___  |               |        |          |        |
| Date you can begin work?  | Are you 18 years of age or older? |   | If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law. |               |        |          |        |
| Have you been convicted of a crime in the last 5 years? Yes _____ No _____<br><small>An affirmative answer will not in itself disqualify you from employment.</small> |                                   |   |   |               |        |          |        |
| Name of high school attended:   |                                   | City & State  | Graduate?   | GED?          |        |          |        |
| Name of college or technical school:  |                                   | City & State  | Graduate?   | Degree?       |        |          |        |
| Are you presently enrolled in school?   |                                   | If yes, give name & address of school and expected completion date: |   |               |        |          |        |
| List any job-related certifications, skills, or accomplishments, including military service:  |                                   |   |   |               |        |          |        |
| <b>- Your Availability For Work -</b>   |                                   |   |   |               |        |          |        |
|   | Monday                            | Tuesday   | Wednesday   | Thursday      | Friday | Saturday | Sunday |
| From:   |                                   |   |   |               |        |          |        |
| To:   |                                   |   |   |               |        |          |        |
| Total hours per week you are available to work:   |                                   | Do you have any special requests or needs for a work schedule?      |   |               |        |          |        |
| Are you available for overtime? ___Yes ___No  |                                   |   |   |               |        |          |        |
| <b>Provide Three References - Not Former Employers or Family Members - Who We May Contact</b>   |                                   |   |   |               |        |          |        |
| Name  |                                   | Relationship to person -length of time known                        |   | Phone Number  |        |          |        |
|   |                                   |   |   |               |        |          |        |
|   |                                   |   |   |               |        |          |        |
|   |                                   |   |   |               |        |          |        |

## EMPLOYMENT HISTORY

List previous employers - Current employer first.

|  |  |
|--|--|
| May we contact your current employer before you are offered a position? yes ____ no ____ |  |
| Name of Employer:<br>Job Title:  | Duties:  |
| Address:   | Dates of Employment:<br>From: _____ To: _____                  |
| City, State, Zip Code  | Hourly pay or salary:<br>Starting pay: _____ Ending pay: _____ |
| Supervisor:<br>Telephone:  | Reason for Leaving:  |
|  |  |
| Name of Employer:<br>Job Title:  | Duties:  |
| Address:   | Dates of Employment:<br>From: _____ To: _____                  |
| City, State, Zip Code  | Hourly pay or salary:<br>Starting pay: _____ Ending pay: _____ |
| Supervisor:<br><br>Telephone:  | Reason for Leaving:  |
|  |  |
| Name of Employer:<br>Job Title:  | Duties:  |
| Address:   | Dates of Employment:<br>From: _____ To: _____                  |
| City, State, Zip Code  | Hourly pay or salary:<br>Starting pay: _____ Ending pay: _____ |
| Supervisor:<br><br>Telephone:  | Reason for Leaving:  |

|   |              |              |         |
|---|--------------|--------------|---------|
| In case of Emergency who should we contact: |              |              |         |
| Name  | Relationship | Phone Number | Address |
|   |              |              |         |
| Name  | Relationship | Phone Number | Address |
|   |              |              |         |

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, drug test, and credit history check (if applicable for position). I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I have read, understand, and agree to the above statements.

Signature:

Date:

## DRUG SCREENING AND DRIVING RECORD RELEASE

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I understand and agree that Sunrise Safety Services, Inc. may request without prior notification or warning, a Drug Screening to be performed for Pre-Employment testing, or if employed, a random screening at any time during my employment.

Sunrise Safety Services requires an MVA Driver's Record when considering me for employment. I authorize the MVA to release that information to Sunrise Safety Services, Inc.

This release is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

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Print Name

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Driver's License Number

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Signature & Date

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Reviewer's Signature & Date

(Original to remain in employee file)

## **AUTHORIZATION FOR MVA REVIEW**

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I acknowledge that the information contained in the Company's Vehicle Fleet Safety Policy has been reviewed with me and a copy of the policy and driver rules have been furnished to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

\_\_\_\_\_  
Print-Employee Name

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Employee's Signature & Date

\_\_\_\_\_  
Reviewer's Signature & Date

(ORIGINAL TO REMAIN IN EMPLOYEE FILE)

## **VOLUNTARY DISCLOSURE FORM**

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### **THE REHABILITATION ACT OF 1973 AND THE VIETNAM ERA VETERAN'S READJUSTMENT ACT OF 1974**

Sunrise Safety Services, Inc. employees are treated during employment without regard to race, religion, color, sex, national origin, age disability or veteran status or any other equal opportunity record keeping, reporting or other legal requirements, please answer the questions below. Submission of this information is voluntary. A decision not to provide I will not subject you to any adverse treatment. Any information will be kept confidential and will be used in accordance with applicable laws and regulations.

\_\_\_\_\_ DISABLED – I am a qualified disabled person, i.e. I have a physical or mental impairment which substantially limits one or more of those major life activities which affects my employability. I have a record of such impairment or I am regarded as having such impairment.

\_\_\_\_\_ A DISABLED VETERAN – I am a qualified disabled veteran, i.e. I am entitled to a disability compensation under the laws administered by the Veterans Administration for a disability orated at 30% or more OR I was discharged or released from active duty for a disability incurred or aggravated in the line of duty.

\_\_\_\_\_ A VIETNAM ERA VETERAN – I am a veteran of the Vietnam Era, i.e. I served on active duty for more than 300 days, any part of which occurred between August 5, 1964 thru May 7 1975, and I was discharged with other than a dishonorable discharge; or I was discharged or released from active duty for a service-connected disability during the same period.

## VOLUNTARY SELF-IDENTIFICATION FORM

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Sunrise Safety Services, Inc. is an equal opportunity employer that is committed to a program of recruiting females and minority group members. In order to help us to comply with government record keeping, reporting and other legal requirements we ask that you complete this form. The information will not be used in evaluating your application for employment. Completion of this form is voluntary and it will be kept confidential in a place other than your application.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Position Applied For \_\_\_\_\_ FT/PT \_\_\_\_\_

Office Location \_\_\_\_\_

How did you learn about Sunrise Safety and/or the position (please check all that apply):

\_\_\_\_ Newspaper/Advertisement

\_\_\_\_ Employment Agency

\_\_\_\_ Referral from Medaphis (name of employee \_\_\_\_\_)

\_\_\_\_ Referred by my School (name of school \_\_\_\_\_)

\_\_\_\_ Unsolicited walk-in, resume or application

\_\_\_\_ Other (please explain \_\_\_\_\_)

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SEX        Male \_\_\_\_\_        Female \_\_\_\_\_

Race        Black \_\_\_\_\_        Hispanic \_\_\_\_\_        White \_\_\_\_\_        Asian Pacific \_\_\_\_\_

              Native American \_\_\_\_\_        Alaskan Native \_\_\_\_\_        Other \_\_\_\_\_

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Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

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### OFFICE USE ONLY

Date \_\_\_\_\_ Title of Job Applied for \_\_\_\_\_

**SUNRISE SAFETY SERVICES, INC. OFFICIAL USE ONLY**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

**SKILLS & EQUIPMENT EXPERIENCE (LIST ALL)**

|                           |      |          |           |              |
|---------------------------|------|----------|-----------|--------------|
| LABORER:                  |      |          |           |              |
| FLAGGING:                 |      |          |           |              |
| MOT:                      |      |          |           |              |
| TRUCK DRIVER:             |      |          |           |              |
| INLAID TAPE:              |      |          |           |              |
| TMA DRIVER:               |      |          |           |              |
| SIGN INSTALLER:           |      |          |           |              |
| CRASH CUSHION OPERATIONS: |      |          |           |              |
| BOOM TRUCK OPERATOR:      |      |          |           |              |
| APPEARANCE:               |      |          |           |              |
| PERSONALITY:              |      |          |           |              |
| HIRED                     | DEPT | POSITION | REPORT TO | COMPENSATION |

| SECONDARY REVIEW | RESULTS |
|------------------|---------|
| BACKGROUND       |         |
| DMV REVIEW       |         |
| DRUG SCREENING   |         |

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 COO/PRESIDENT HR MANAGER

DISAPPROVED (STATE REASONS): \_\_\_\_\_