APPLICATION FOR EMPLOYMENT Please complete all sections thoroughly otherwise your application will not be considered complete. A resume may be attached but may not substitute for completion of the application.

| Full Legal Name:(Fire | | | | | | | | Today's | Date: | | |
|---|-------------------|---|---------------|-----------|---------------------------------|-----------------|------------|-------------|-----------|------------|------------|
| Present Address: | | (Middle) | | Last) | | | | | | | |
| rieselli Address. | Street | | | City | | | | State | - | Zip | |
| Home Phone #: | | | | | | | | | | | |
| Social Security #: | | Have yo | ou ever work | ed for th | is company | / before? | □No □ | Yes - If ye | s, when? | F | To |
| Do you have any relati | | | | | | | | | | | |
| Emergency Contact Na | nme | | | Eme | rgency Cor | ntact Pho | ne #: | | | | |
| How did you hear of us | s? □Walk-In □N | lewspaper □Sign | □Web Ad □ | TV/Radio | □ Agenc | y/School | □Referral | : Name: _ | | | |
| What do you think are | the most Importan | t factors in workin | g for this co | mpany?_ | | | | | | | |
| | | | | | | | | | | | |
| EMPLOYMENT DES | | | | 424 | | | | | BLETO | | |
| Position: | | | >□ / | Available | ANY hours | s & days, | this inclu | des week | ends, nig | hts, holid | ays, etc. |
| Salary requirements:_ | | | | | d on availa ly a request and | | | | | v. Mark ") | (" if not. |
| Date you can start: | | | | | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
| Total Hours Available I | | | | From | | | | | | | |
| Request: Full-Time | 120 | rt-Time (< 29 hrs / wk/ mp/Seasonal (hours | | | | | | | | | |
| Age: □ Under 16 | □ 16 or 17 | □ Over 18 | | То | | | | | | | |
| Are you legally authori | zed to be emplove | d in the U.S.? □Ye | es □No | Are vou | able to trav | el if requi | red? □No | о ПУе | S | % Accept | able |
| Are any special accom | 11.50 | | | | | 40 | | | | | |
| EDUCATION | Name and Lo | cation | Course of | Study | Complete | ed (Circle) | Gradi | uate? | Diplom | a/Cert. o | r Degree |
| High School | | | Gener | ral | 9 10 | 11 12 | □Yes | □ No | Gen | eral or | GED |
| College | | | | | Fr Sph | Jr Sr | □Yes | □No | | | |
| Other (Trade, etc.) | | | | | | | □Yes | □No | | | |
| SPECIAL EMPLOYE | MENT SKILLS & | ABLITIES: | | | | unicated to the | WOLF'S | | | 14 to 10 | Way and |
| SPECIAL EMPLOYEMENT SKILLS & ABLITIES: Computer programs (Word, Excel, etc) you are proficient in | | | | | | | | | | | |
| List any additional skills, certifications, licenses, training related to the position applied for: | | | | | | | | | | | |
| List any additional languages you are proficient at speaking and writing: | | | | | | | | | | | |
| REQUIRED LEGAL INFORMATION | | | | | | | | | | | |
| Have you ever been convicted, fined, sentenced, and/or pleaded nolo contrendre (no contest) to a criminal charge (felony or misdemeanor other than minor traffic violations)? □No □ Yes*** | | | | | | | | | | | |
| Have you ever been a defendant in a civil action for an intentional tort (sued because you assaulted, attacked, injured, defamed and/or hurt somebody)? □No □ Yes*** | | | | | | | | | | | |
| Have you ever caused injury or harm to another person on any occasion other than those described above? □No □ Yes*** | | | | | | | | | | | |
| *** If yes to any of the above attach on a separate paper the following for each item: a) dates, b) nature and facts of problem, c) city and state of location of the issue, d) outcome including an penalties, convictions, pleas fines and/or sentences, and explain them. A conviction will not necessarily disqualify you from employment. Factors such as the seriousness and nature of the offense, age at time of the conduct, and rehabilitation will also be taken into account | | | | | | | | | | | |

| FORMER EMPLOYERS: Listle May we contact your former emplo | | | | st add-on application sheet) | starting | with your most recent employer. |
|--|--|--|--|--|---------------------------------------|---|
| Employer No. 1 (present or most recent) | | Address | | | Ph | none Number |
| Employed (Month & Year) From To | Rate of Pay Start Final | | Avg./Hrs./Wk | Supervisor & Svpr. Title | | May we contact □ Yes □ No |
| Your Job Title | Describe Your Du | tles/Responsibilities | 3 | | | |
| Reason For Leaving | 1 | MGMNTREE: Mgr Initials: | RENGEGHEG | Spoke with: | | Date |
| Employer No. 2 | | Address | | 7-7-7 | Phone | : Number |
| Employed (Month & Year) From To | Rate of Pay Start | Final | Super | visor & Title | | Avg./Hrs./Wk |
| Your Job Title | Describe Your Du | ıties | | | | |
| Reason For Leaving | | MGMNT REFE Mgr Initials: | RENCEIGHEG | Spoke with: | | Date |
| Employer No. 3 | | Address | | N. | F | Phone Number |
| Employed (Month & Year) From To | Rate of Pay Start Final | | Super | visor & Title | | Avg./Hrs./Wk |
| Your Job Title | Describe Yo | our Duties | • | | | |
| Reason For Leaving | | MGMNT R크로크 Mgr Initials: | RENGE CHECK | Spoke with: | | Date |
| Initial Below | EMPLOYMENT O | CONDITIONS, | PLEASE R | EAD BEFORE INITIALIN | VG & SI | GNING |
| I hereby certify that the information provided on this application is true, complete and accurate. I agree that the Company may investigate all of the statements made on this application and that any false statements, misrepresentation or omission will be considered sufficient cause for this company to deny or terminate my employment upon discovery. I understand that this app. will remain active for only 30 days. | | | | | | |
| I understand that the Comp individuals and organizations named in connection with this application. TI I also certify that any individual or or release said individuals and organiza | or referred to on this app his may include, but is no organization furnishing in | lication to answ t limited to work formation conce | er all questic chistory, crimer crning me sh | ns that may be asked and onlined records, licensure, cert nall not be held accountable | give all i tification le for gi | , education and driving record. ving this information. I hereby |
| I understand that employment at any time and this conthat no employee, manager, or other unless such an agreement is in writing employment can be terminated at the | npany may terminate or r r agent of the Company I ng and signed by Manag | nodify the emplorate in the authority ing Partnerf of the contractions in the contraction | oyment relat y to enter int this company | onship at any time, with or o any agreement for emplo v. I further understand that i | without yment fo | or any specified period of time |
| I understand that I am not g its rules, regulations, policies and pro | uaranteed a specific shift cedures. | t, schedule or w | ork assignm | ent to work overtime. If emp | oloyed b | y this company, I will abide by |
| | on, I agree to contact a m e to do so may result in orker's compensation cov | anager before r loss of benefit erage that, shou | ecelving med s. I am her uld I have an | dical assistance, follow worl eby advised that the comp accident, I will have to sub | ker's cor pany to l mit to a | better ensure the safety of all drug test within 24 hours and I |
| Finally, I freely and volunta suspicion, or at any time during my company's policy will disqualify me fro | employment with this co | ompany. I unde | erstand that | drug testing as part of the either refusal to submit to | e applic the test | ation process, for reasonable or fallure of the test per this |
| Signature of Applicant: | | | | | | ate: |
| This company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, age, sex, religion, national origin, disability, marital status or any other characteristic protected by law. | | | | | | |

Consumer or Motor Vehicle Report Permission

| DATE: | |
|--|--|
| Name of Job Applicant/Employee | |
| Street Address | |
| City, State, Zip Code | · |
| Drivers License Number | State |
| Date of Birth | |
| American Plumbing Contractors, Inc. 5720 Arlington Road Jacksonville, FL 32211 | |
| American Plumbing Contractors, Inc.: | |
| Consumer reports may be obtained as part of Ar Inc.'s evaluation of my job application/employment procured by JP Perry Insurance Inc, and may include assessment of my insurability under the Compan other consumer reports. By signing this disclosure Company to procure such reports and additional time, as it deems appropriate, to evaluate my insupprocess. | nt. The reports may be clude my driving record, an y's insurance coverages or re, I hereby authorize the |
| SIGNED: | |
| Job Applicant / Employee | |
| | |

Please FAX completed form to J. P. Perry Insurance at (904) 268-2801.



DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE REPORT

[IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

| | Company Name: | Guidant HR | | | |
|---|---|--|--|--|--|
| reporting agency for emplorequested which may inchewhichever are applicable. vehicle records such as drivoffer), verification of your sources such as your neigh and if you are hired, througereceipt of this notice, to re Inc., 3452 E. Joyce Blvd., practices see www.dominicand , if you are hired, will crevoked by you in writin companies for whom your | ereinafter "Company") may, with yo by ment purposes. This means that a "ude information about your character. The report may also contain information records, social security verificated ducation or employment history or obors, friends or associates. These reports are disclosure of the nature and sociates disclosure of the nature and sociates disclosure of the nature and sociates. Fayetteville, AR 72703 – 888-527-compayroll.nationalcrimesearch.com. To continue and allow Company to condiguit the placed to work with as a report and as required for creation of any | consumer report" and/or an "investion, general reputation, personal charaction about you relating to criminion, workers' compensation claims other background checks. This may ports may be obtained at any time at the right, upon written request may ope of any investigative consumer (3282. For information about Natio Che scope of this notice and authorizate future screening for retention, put to share background investigative sentative of Company. Your information, Your information, your information about information and investigative sentative of Company. | igative consumer report" may be tracteristics and mode of living, all history, credit history, motor (post job offer or conditional job involve personal interviews with fiter receipt of your authorization, de within a reasonable time after report to National Crime Search, and Crime Search, Inc's privacy ation is not limited to the present comotion or reassignment (unless ion results with any third-party | | |
| ACKNOWLEDGMENT AND AUTHORIZATION | | | | | |
| applicable. I have read and | nal Crime Search, Inc. to obtain a understand the above statement and y has provided me with a copy of A S. | hereby give my express permission | to complete this investigation. I | | |
| Signature | | Today's Date | | | |
| Full Legal Name (please pr | int) | Other or Former Names (ple | ease print) | | |
| Address | City/State | County | Zip | | |
| Date of Birth | SSN | Driver's License # | State issued | | |
| National Crime Search, Inc signing above. CA, MN, OK applicants of I understand that if the abounder California, Minnesounderstand that by checkin | ct and receive a copy of any investiga e. directly. You also acknowledge rec | ceipt of a copy of Article 23-A of the of my consumer report for employm copy of that consumer report from the d to me at the address I provide abo | e New York Correction Law by ent purposes, I have the right the Company free of charge. I have. | | |
| | | | | | |

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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 20552.

- 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 identity 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.

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. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau: | a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. 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 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 c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions | a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. 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 |
| 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 (877) 382-4357 |