

Core - Application Package

We will need the following items along with the below documents on your interview day

- Social Security Card
- Driver's license or Passport
- A voided check from your bank account

Form 8850 is for Veterans only.

Employer: Core	Phone: 405-513-8606	Requested By:
SER	VICES REQUESTED (Check all that apply)	
O Initial Sreening Package (VA)	O Initial Screening Package (FL)	
O Renewal Screening Package (VA)	O Renewal Screening Package (FL)	

In order to process your background check, please provide the following Information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN 1NK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

First Name :				Middle Ir	iitial:		
Last Name:							
Social Security Numb	per:			Birth Date	2:		
Current Address:							
City:		State:		Zip:			
Driver's License #:	·			State:	-		
Other Names Used (pr	revious 7 years only):						
1.			2.				
3.			4.				
Please provide	City and County Inforn	nation for your r	esiden	ce covering	a period of seven (7) years,		
_	beginn	ing with your m	ost cur	ent address.	- · · · ·		
City	County	State		Zip	From: To:		
					From:To:		
			_				
					From:To:		
			_				
					From:To:		
					From: To:		
					110		

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Employer Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Please note: These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCR4 and applicable state law. Core expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.



DRIVER/APPLICANT DISCLOSURE AND AUTHORIZATION (IMPORTANT PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Core ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal background history, education and/or employment history conducted by Core, 1940 NW 164, Suite C Edmond, OK 73013, 405-513-8606, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports how and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<u>New York applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly,

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. 1 hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Core, 1940 NW 164, Suite C Edmond, OK 73013, 405-513-8606, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the authorize both the employer and Core to have access to the above referenced information.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

<u>California applicants or employees only</u>: By signing below, you also acknowledge receipt of the NOT1CE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. \Box

Signature

Date

(if u

(if under 18) Guardian Signature

*This information will be used for background screening purposes only.



Core Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State		ZIP
Phone	E-mail	Address	
Date Available	Social Security No.	De	sired Salary
Position Applied for			
Are you a citizen of the United States?	YES NO	If no, are you authorized to w	work in the U.S.? YES NO
Have you ever worked for this company?	YES NO	If so, when?	
Have you ever been convicted of a felony?	YES NO	If yes, explain	

NOTICE:

Core conducts drug screens, credit and background checks of applicants who've accepted employment or internship offers. During the routine background investigation, we will obtain information (a "Consumer Report") about your credit history, as permitted, as well as other information about your personal character.

EDUCATION

High School			Address		
From	То	Did you graduate?	YES	NO	Degree
College			Address		
From	То	Did you graduate?	YES	NO	Degree
Other			Address		
From	То	Did you graduate?	YES	NO	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$		Ending Salary	\$
Responsibilities							
From	То	Reason for Leaving					
May we contact you	ur previous supervi	sor for a reference?	YES	NO			
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary -	\$		Ending Salary	\$
Responsibilities							
From	То	Reason for Leaving					
May we contact you	ur previous supervi	sor for a reference?	YES	NO			
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$		Ending Salary	\$
Responsibilities							
From	То	Reason for Leaving					
May we contact you	ur previous superv	isor for a reference?	YES	NO			
MILITARY SERV	ICE						
Branch					From	То	

Rank at Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Type of Discharge

Authorization for Direct Deposit

I authorize	to deposit	my pay
automatically to the account(s) indicated below and, :f r	necessary. to adjust	or reverse a
deposit for any payroll entry made to my account in error.	This authorization	will remain in effect
until 1 cancel rt in writing and in such trme as to afford		
	a reasonal	ole opportunity to act
on it.		
Name on bank account:		
Bank account number:	Checking	Savings
Bank routing number:	_	
Amount: \$ or entire payche	eck :	
Manual (paper check) Account described below		
*Note: Split payments are not available for contractors		
Name on bank account:		
Bank account number:	Checking	Savings
Bank routing number:	-	
Important: Please attach a voided check for each bar	nk account to whic	h funds should be
deposited.		
deposited. Employee/Contractor signature:		

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.