BUSSELL & SONS, LLC.

EMPLOYMENT APPLICATION

Thank you for your interest in employment with Bussell & Sons, LLC. Please provide complete and accurate information that can be used to assess your qualification for the specific job for which you apply. Your skills, abilities, and experience will be considered in a non-discriminatory manner. The information you provide is regarded as confidential and the property of Bussell & Sons, LLC.

Name	Soc. Sec. Number				
Last First Middle Preferred name	Other last name				
(if different from given name)	Telephone # ()				
City, State, Zip	Alternate # ()				
Position desired	Salary Expected \$				
Date available to work	Hours available to work				
What is your availability to work overtime?					
How were you referred? Have with Bussell and Sons, LLC.? If yes, please	e you previously worked for or applied for a position explain.				
Are you legally authorized to work in the U.S.?LLC. must provide, within 3 days of starting work, a					
If you are under the age of 18, what is your date of b	irth?				
Have you ever been convicted, pled guilty or receive felony? If yes, please give date(s) and explandisqualify an applicant from employment. All circum offense, will be considered)	stances, including fates of conviction and types of				
List three persons, preferably past or present supervisors of for you. Do not list friends or relatives.	or managers, who can provide a professional reference				
Name Position	Company Phone Number				
If presently employed, may we contact your current employers for a reference?					
If yes whom?	Phone Number ()				

In compliance with Federal and State Equal Opportunity laws, qualified applicants are considered for job openings without regard to race, color, religion, sex, national origin, age, veteran status, marital status, disability or any other category by applicable state or local law.

Do you have a valid drivers license? Driver's license number	State
Have you been convicted of a DWI or DUI? If yes, please note date	
Has your license ever been suspended? If yes please note date and reason	
List all educational, vocational, business schools, military training or other training, skills, licenses that may help in assessing your qualifications for the position for which you have applied.	or certifications
Education	
School/ Location Major Course(s) No. of Years I	Degree
Military Training:	
Skills: (If you are applying for an office position)	
Typing WPM Computer Programs / Language/ H	Iardware:
Data Entry Basic IntermediateAdvance	
MS WordBasicIntermediateAdvance	
Excel Basic IntermediateAdvance	
List other applicable office skills	
List equipment that you can operate	
List any foreign language(s) you can speak that may be helpful in performing the position for whicapplied	h you have
Other Skills, Training, Professional Licenses or Certifications:	
Has an employer ever terminated you? If yes, please state Company and explain circums	stances:
If unemployed for any period, please list dates and explanation.	
Mo./Yr Mo. / Yr. Explanation	

List your present or most recent positions first and include at least your past 8 years of employment, if applicable. **Complete this section even if you have provided a resume.**

Company Name	Phone ()	From Mo. & Yr.	To Mo. & Yr.	Beginning job title Ending job title
City	State				Reason for leaving
			Salary -		
Supervisor	Title		Starting	Final	
					Major Responsibilites :
Company Name	Phone ()	From	То Мо.	Beginning job title
			Mo. & Yr.	& Yr.	Ending job title
City	State				Reason for leaving
			Sal	ary	
Supervisor	Title		Starting	Final	
					Major Responsibilites :
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Company Name	Phone ()	From	То Мо.	Beginning job title
			Mo. & Yr.	& Yr.	Ending job title
City	State				Reason for leaving
			Salary		
Supervisor	Title		Starting	Final	
					Major Responsibilites :
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Company Name	Phone ()	From	То Мо.	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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City	State				Reason for leaving
·			Salary		
Supervisor	Title		Starting	Final	
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Company Name	Phone ()	From Mo. & Yr.	To Mo. & Yr.	Beginning job title
~:	-			Ending job title
City	State			Reason for leaving
	T. 1		ary I	
Supervisor	Title	Starting	Final	
				Major Responsibilites :
without cause or reason of the Company has auth compensation, or benefit.	and at any time at the option hority to enter into any verba is.	of either the compan l agreement concernin	y or myself. I ung conditions of) is "at will" and can be terminated with or inderstand that no manager or representative employment, such as duration of employment, missions of any kind. I understand that
				ls for denial of employment or termination at
regarding employment q conviction history. If em	qualifications such as prior en ployed, I consent to random a	nployment, education, driving record checks	certifications an throughout emp	n to provide any and all information nd licenses, driving records and criminal loyment. I will not hold Bussell and Sons, rds, liable for participating in reference or
	that an offer of employment o re-employment drug screen.	or continued employm	ent following ac	equisition is contingent upon a successful
Signature of	f Applicant			Date
		BUSSELL & SON	IS. LLC.	
		DISCLOSURES		IZATIONS
DENTIFICATION	INFORMATION FOR	CONSUMER R	<u>EPORTING</u>	AGENCY:
LEASE PRINT CLEA	ARLY IN BLACK INK. P	LEASE VERIFY T	HAT ALL IN	FORMATION IS CORRECT!
Applicant First Name: _		Middle: _		Last:
*Social Security Number	r:	*Date of Birth:	_// Dri	iver License: State:
Email Address:				
*This information is req	uested for background screen	ing purposes only and	not for conside	ration in making employment decisions.
PREVIOUS RESIDENC	CES (Starting with current)			
Address:	REET APT	CITY	STA	How long?
511			5111	
Address:	REET APT	CITY	STA	How long?

CITY

STATE

ZIP

STREET

APT

FOR OFFICE USE ONLY COMPLETE ONLY UPON HIRE AND FORWARD IMMEDIATELY TO HUMAN RESOURCES Position _______ Start Date _______ Dept/ Location ______ Supervisor ______ Salary \$ _____ Hourly ___ Annually ____ Exp. Co./Acctg. Unit ______ Activity Code/Exp. Acct./Acct. Category _______ Exempt _____ Hourly Non - Exempt (overtime eligibility) ______ Regular _____ / Approximate Period ______ Full Time ____ Part Time _____ / Hours per Week _____ AUTHORIZATIONS: Supervisor ______ Manager ______ Officer _____ BENEFIT PACKET HAS BEEN PROVIDED _____ YES _____ NO

ADDITIONAL DISCLOSURES & AUTHORIZATIONS

IDENTIFICATION INFORMATION FOR CONSUMER REPORTING AGENCY:

PLEASE PRINT CLEARLY IN BLACK INK. PLEASE VERIFY THAT ALL INFORMATION IS CORRECT!

Applicant First Name:		Middle:	Last:			
*Social Security Number:						
Email Address:						
*This information is requested for	r background screening	purposes only and r	not for considera	tion in maki	ng employment decisions.	_
PREVIOUS RESIDENCES (Sta	rting with current)					
Address:					How long?	
STREET	APT	CITY	STATE	ZIP		
Address:STREET	ADT				How long?	
SIREEI	APT	CITY	STATE	ZIP		
Address: STREET	APT	OITV	07475	710	How long?	
STREET	APT	CITY	STATE	ZIP		
•A summary of your rights separately provided to you •Information regarding Libe http://www.libertyscreening	under the Fair Cr erty Screening Ser					
 Additional state law notice Jersey, New York, Oklahor 	es are set forth in t ma and Washingto	this document ben.	elow with reg	ard to Ma	assachusetts, Minnesota	, New
•If Busseu +5 the Company may obtain asking for your authorization	additional consur	ner reports and	investigative	consum	or contracts for your sen ner reports about you w eriod, as allowed by law.	vithout
•The Company may requ agency, in connection w (including independent cor a background report that	ith your employm ntractor or voluntee	ent, or applicat r assignments, a	ion for emp as applicable	loyment,). An "inv	or engagement for se	rvices

includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer

report, if any, by contacting the Company.

AUTHORIZATIONS:

I confirm and acknowledge by my signature below that I have received, read and fully understand the other documents provided to me by the Company entitled "Disclosure to & Authorization by Consumer" and "Summary of Rights Under the Fair Credit Reporting Act."

I also confirm and acknowledge by my signature below that I have received, read and fully understand the document entitled "Article 23-A of New York Correction Law" and the document entitled "Notice Regarding Background Investigation Pursuant to California Law," if applicable I further acknowledge that I have received additional state law notices that I have reviewed, read and fully understand.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by Liberty, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services my consent will apply, and the Company may, as allowed by law, obtain from Liberty (or from a consumer reporting agency other than Liberty) additional background reports pertaining to me without asking for my authorization again, throughout my employment or contract period.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that background reports on me may contain information for any lawful employment purposes, which may include: verification of prior employment (including names and dates of previous employers, salary information, reason for termination of employment, work experience, accidents, etc.), academic history verification (including attendance dates and degrees obtained), financial history, Social Security number verifications, address history, use of a motor vehicle and driving records and accident history, workers' compensation claims, credit reports and history, bankruptcy filings and proceedings, criminal records and history, public court records, personal and professional reference checks, professional licensing and certifications checks, drug and/or alcohol testing results and drug and alcohol history in violation of law or company policy, military service, and other general background and personal character and other information. This information may be obtained from federal, state and other public agencies and private sources which maintain such records including, if applicable: government agencies; courthouses; educational institutions; and former employers. If the Company obtains credit worthiness, credit standing or credit capacity information for reasons other than as required by law, the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job or position being considered. All background information obtained, and all information contained in my employment or contractor or volunteer application or otherwise disclosed by me before or during my employment or contract or volunteer assignment, shall be utilized to assist in verification of my employment application and post job or position offer medical inquiry.

By my signature below, I confirm that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment.

I consent to the Company obtaining the above information from Liberty, and I agree that such information, which Liberty obtains, and my employment history with the Company if I am hired, will be supplied by Liberty to other companies that subscribed to Liberty. I hereby authorize procurement of consumer report(s). If hired (or contracted or retained), this authorization shall remain on file and shall serve as ongoing authorization for the Company to procure consumer reports at any time during my employment (or contract or volunteer work) period.

I AUTHORIZE ANY OF THE ORIGINAL, COPY, FACSIMILE, PHOTOCOPY OR ELECTRONIC (INCLUDING ELECTRONICALLY SIGNED) VERSION OF THIS DOCUMENT TO BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL. ALL RESULTS WILL BE PROPRIETARY AND HELD CONFIDENTIAL AND WILL NOT BE PROVIDED TO ANY PARTIES OTHER THAN THE COMPANY AND ITS LEGAL REPRESENTATIVES AND AGENTS. I FURTHER AUTHORIZE LIBERTY TO PROVIDE THE RESULTS OF SAID INFORMATION INCLUDING BACKGROUND REPORTS CREATED TO THE COMPANY AND ITS REPRESENTATIVES AND AGENTS FOR THE PURPOSE OF ASSISTING THE COMPANY IN MAKING A DETERMINATION AS TO MY ELIGIBILITY FOR EMPLOYMENT (INCLUDING INDEPENDENT CONTRACTOR ASSIGNMENTS AND/OR VOLUNTEER POSITIONS, IF APPLICABLE), PROMOTION, RETENTION, OR FOR ANY OTHER LAWFUL EMPLOYMENT PURPOSES.

I am employed in, seeking employment or a position in, or reside in **California, Minnesota or Oklahoma**, and by checking this box, indicate that I would like to receive a copy of any background report about me, if one is obtained by the Company. \Box

ADDITIONAL STATE LAW NOTICES:

If you are an applicant, employee or contractor or volunteer in any of the states listed below, please also note the following:

MINNESOTA AND OKLAHOMA: You have the right in most circumstances to submit a written request to the consumer reporting agency such as Liberty for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you.

NEW YORK:

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

WASHINGTON STATE: You have the right to request from the consumer reporting agency such as Liberty a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Print Name:	The state of the s	
Signature:	Date:	