

EMPLOYMENT HISTORY: (List present, or most recent employer first)

EMPLOYER'S NAME:	TELEPHONE #	JOB TITLE:
_____	_____	_____
ADDRESS:		WORK PERFORMED:
_____		_____
_____		_____
SUPERVISOR: _____		_____
REASON FOR LEAVING: _____		HOURLY/SALARY RATE:
DATES EMPLOYED: FROM: _____ TO: _____		START: _____ FINAL: _____

EMPLOYER'S NAME:	TELEPHONE #	JOB TITLE:
_____	_____	_____
ADDRESS:		WORK PERFORMED:
_____		_____
_____		_____
SUPERVISOR: _____		_____
REASON FOR LEAVING: _____		HOURLY/SALARY RATE:
DATES EMPLOYED: FROM: _____ TO: _____		START: _____ FINAL: _____

EMPLOYER'S NAME:	TELEPHONE #	JOB TITLE:
_____	_____	_____
ADDRESS:		WORK PERFORMED:
_____		_____
_____		_____
SUPERVISOR: _____		_____
REASON FOR LEAVING: _____		HOURLY/SALARY RATE:
DATES EMPLOYED: FROM: _____ TO: _____		START: _____ FINAL: _____

REFERENCES: (Give the names of three persons not related to you and not previous employers)

NAME:	PHONE #	YEARS AQUAINTED:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DO YOU KNOW ANYONE WORKING FOR ANCHOR HARVEY? _____ FRIEND _____ RELATIVE

NAME (S) _____

EDUCATION:

NAME & LOCATION OF SCHOOLS	CIRCLE LAST YR. COMPLETED	MAJOR COURSE OF STUDY	DIPLOMA OR DEGREE
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HIGH SCHOOL	7 8 9 10 11 12	_____	_____
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COLLEGE	1 2 3 4 OR MORE	_____	_____
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BUSINESS OR TRADE SCHOOL	Months Attended	_____	_____
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VETERAN OF THE U.S. MILITARY SERVICE? _____ YES _____ NO
IF YES, BRANCH: _____

BRIEFLY DESCRIBE SKILLS ACQUIRED: _____

DESCRIBE ANY SPECIALIZED TRAINING, SKILLS OR ACTIVITIES (Including computers, office/plant machines or equipment): _____

STATE ANY ADDITIONAL COMMENTS OR INFORMATION YOU FEEL IS PERTINENT TO YOUR APPLICATION: _____

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that Anchor Harvey shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void and if employed, may be cause for termination. I understand that a medical examination and drug testing will be required as part of a regular pre-placement physical. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the employer or myself.

SIGNATURE: _____

DATE: _____

WRITTEN NOTICE AND AUTHORIZATION TO RELEASE INFORMATION REGARDING
PROCUREMENT OF A CONSUMER REPORT

In connection with your application for employment, we may procure a consumer report or an investigative consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regards to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act. The FCRA gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By signing below, I hereby authorize and direct you to release to: Anchor Harvey Components, LLC, or their designee, any "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making my employment. I understand I have rights under the Fair Credit Reporting Act, including the rights discussed above.

I hereby release any and all information in your files pertaining to birth, education, employment, credit, criminal history, medical records, workers compensation claims and drivers license abstracts, including, but not limited to academic achievements, attendance, personal history, disciplinary records, medical, credit records and criminal convictions. I hereby release and absolve you as custodian of such records of any school, college or other state or educational institution, hospital, clinic, or any other repository of medical records, credit bureau, lending institution, consumer reporting agency, police or sheriff's department or retail business. This release would include its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original signature. Should there be any question as to the validity of this release, you may contact me as indicated.

FULL NAME: _____
FIRST MIDDLE LAST

OTHER NAMES USED: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP CODE

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP CODE

COUNTIES LIVED IN THE PAST TEN (10) YEARS: _____

HOME PHONE: _____ CELL PHONE: _____

The following information must be completed for the sole purpose of searching Criminal Records, Credit History, SSN Verification, Motor Vehicle Driving Records or Worker's Compensation Records.

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

SIGNATURE: _____ DATE/TIME: _____

ANCHOR HARVEY COMPONENTS

PRE/POST EMPLOYMENT DRUG SCREENING

It is my understanding that when I become a temporary or full time employee, I am to submit to a test for drugs and alcohol. Screening is conducted at Freeport Health Network Occupational and Chiropractic at 1842A S. West Avenue in Freeport, IL. They are located in the Meadows Shopping Mall.

DATE: _____

EMPLOYEE PRINTED NAME: _____

EMPLOYEE SIGNED NAME: _____

WITNESS: _____