



• DENVER ROLLER, INCORPORATED • CITIZENS FIDELITY INSURANCE COMPANY •
• BAXTER MEMORIAL GARDENS •

EMPLOYMENT APPLICATION^{*}

FOR THE POSITION OF _____ AT _____
[POSITION] [LOCATION]

DATE _____

Completion of an Application does not indicate that a position is promised or employment is offered. To be considered an applicant for employment with Denver Roller, Incorporated, Citizens Fidelity Insurance Company, or Baxter Memorial Gardens (individually, the "Company"), you must:

- Complete this Application and attachments, truthfully and in their entirety. The Company does not consider incomplete applications, applications with incomplete attachments, unsolicited applications or resumes, or applications on other than this form.
- Attend all scheduled interviews and cooperate fully with all reasonable requests of the Company.

YOUR APPLICATION WILL REMAIN ACTIVE AND RECEIVE CONSIDERATION ONLY FOR 60 DAYS FROM THE DATE OF APPLICATION AND ONLY FOR THE POSITION FOR WHICH YOU HAVE APPLIED. TO RECEIVE CONSIDERATION AFTER THE 60-DAY PERIOD OR FOR ANOTHER POSITION, YOU MUST PROPERLY COMPLETE AND FILE ANOTHER APPLICATION FORM.

PLEASE FEEL FREE TO USE ANY AVAILABLE PAGE OR SPACE TO CONTINUE OR ADD ANY INFORMATION THAT IS NECESSARY OR TO WRITE OUT ANY QUESTION(S) YOU HAVE.

PERSONAL INFORMATION

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Number) (Street) (Apartment No.)

(City) (State) (ZIP Code)

TELEPHONE NUMBER _____

Email Address _____

Are you 18 years of age or over? () YES () NO

Drivers License State, Number, and Class: _____

Are you currently employed? () YES () NO

Are you on lay-off subject to recall? () YES () NO

May we contact your present employer? () YES () NO

Earliest date you will be available for work: _____ Rate of Pay Expected: _____

If hired, do you have a reliable means of transportation to work? () YES () NO

Will you work overtime if asked? () YES () NO

Have you ever applied for employment with us? () YES () NO

Have you ever been employed by us? () YES () NO

If yes, please state the location and date(s) of employment: _____

^{*} The Company prohibits discrimination in hiring and employment on the basis of race, creed, color, sex, age, national origin, disability, religion, veteran status, or other characteristic protected by applicable law.

Have you been convicted of or pleaded guilty or *nolo contendere* to a felony within the last seven (7) years? () YES () NO

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? () YES () NO

(Proof of citizenship or immigration status will be required upon employment.)

Previous Address _____
 (Street) (City) (State)

How long have you lived at Current Address? _____ How long did you live at Previous Address? _____

Have you ever been bonded? () YES () NO

If "YES," with which employer? _____

Have you ever been refused bonding? () YES () NO

If "YES," please explain _____

Please state name(s) of all family member(s) and/or friend(s) that currently work for us, including spouse, and the location of this employment.¹ _____

In case of emergency, notify:

 (Name) (Telephone No.) (Relationship)

EDUCATION AND TRAINING

NAME AND LOCATION OF SCHOOL	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
College				
Business, Trade, or Technical				
High School				

Please list any other experience, skills, or qualifications you may have for the job for which you are applying:

Have you ever been discharged, or asked to resign, from any employment? () YES () NO

If yes, please identify the employer(s) and the reason(s) for each discharge/resignation: _____

If you used another name while working for any employer, please state the name(s) used, the reason for using the name(s), and employer(s) for whom you worked while using the name(s): _____

Have you ever been denied unemployment benefits? () YES () NO

¹ Application information regarding relatives who may be working for us is neither intended nor used as a preference for employment purposes.

If yes, please identify the employer(s) and the reason(s) for each denial: _____

EMPLOYMENT

NOTE: Start with your present employer or last job. Include all employers (full-time, part-time, temporary, etc.) for the past five (5) years. Do not omit any employer.

1.	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate/Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

Please list any additional references (personal or business) you may wish us to contact:

Name and Occupation	Address	Phone
Name and Occupation	Address	Phone
Name and Occupation	Address	Phone

AVAILABILITY

Please tell us the earliest and latest times that you can work each day:

Sunday: _____ to _____
Monday: _____ to _____
Tuesday: _____ to _____
Wednesday: _____ to _____

Thursday: _____ to _____
Friday: _____ to _____
Saturday: _____ to _____

PLEASE READ CAREFULLY BEFORE SIGNING

1. I understand that false or misleading information given on this application and/or attachments hereto, or the omission of a material fact thereon, or otherwise during the application process, will result in my not being considered for employment or, if discovered after I have been hired, termination of employment. _____
(Initials)
2. I certify that answers given in this application are true and complete. _____
(Initials)
3. I authorize investigation of all statements contained in this application as the Company may deem necessary to arrive at an employment decision and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. _____
(Initials)
4. In the event of employment, except as provided by law, I understand and agree that my employment will be "at will", which means that I may resign at any time and the Company may discharge me at any time, with or without cause, and that my position, duties, wages, hours, benefits, and other terms and conditions of employment may be changed, modified, or terminated at any time in the sole discretion of the Company. Unless provided by law, I understand that, in the event of employment, my status as an "at will" employee cannot be changed by any written document, conduct, statement, or oral agreement unless such change is specifically acknowledged in writing and signed by the President of the Company. _____
(Initials)
5. I understand that failure timely and properly to complete and submit this application and any attachments will result in my not being considered for employment. If employed, I agree to cooperate fully in any job-related employment investigation, examination, or tests that are not prohibited by applicable law. I certify that I am a genuine applicant for employment and that this application is being submitted solely for the purpose of obtaining employment with the Company. _____
(Initials)
6. I understand that, as an applicant for a position with the Company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job for which I am applying. I understand that any job offer I receive may be conditioned upon the results of a physical examination and/or drug/alcohol test, in accordance with law, and I hereby consent to and give my authorization for such test. I further agree that such tests as selected by the Company shall be performed by such entities or physicians as the Company deems appropriate. I release, reimburse, hold harmless, and agree to indemnify the Company and the testing physicians/entities from all liability resulting directly or indirectly from such testing. _____
(Initials)
7. I understand the Company strives to maintain a "drug free workplace." If employed, I agree to comply with the Company's substance abuse policy. I understand that the Company may test for drugs and alcohol in accordance with its policy and applicable law. If employed, I understand that failure or refusal to cooperate or comply with a legal request for a drug or alcohol screen will result in immediate termination. If employed, I promise not to engage in the current illegal use of drugs. _____
(Initials)
8. I agree that, if employed by the Company, I will: learn, conform to, and abide by the current and future rules, regulations, policies, guidelines, and procedures of the Company; refrain from conduct which is contrary to the best interests of the Company; protect the trade secrets, confidential, and proprietary information of the Company; use my best efforts to maintain a safe, secure, efficient, and productive work environment; and that my position, duties, wages, hours, benefits, and other terms and conditions of employment may be changed, modified, or terminated at any time in the sole discretion of the Company, except as prohibited by law. _____
(Initials)
9. If employed, I understand I may be held fully responsible and liable for any shortage, loss, disappearance, damage, or destruction of any property entrusted or delivered to me, or purchased by me, or in my use, possession, or control during, related to, arising out of, or associated with my employment with the Company, provided, such reimbursement or payment may not reduce my pay below applicable minimum wage for any pay period. _____
(Initials)

Applicant's Signature

Date

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I, _____, hereby give consent to any and all current and prior employers of mine to provide the following information with regard to my employment with current or prior employers to Denver Roller, Incorporated, Citizens Fidelity Insurance Company, or Baxter Memorial Gardens:

- (1) dates and duration of employment;
- (2) current or terminal pay rate and wage history;
- (3) job description and duties;
- (4) the last written performance evaluation prepared prior to the date of this request;
- (5) attendance information;
- (6) results of drug tests administered within one (1) year prior to the date of this request;
- (7) threats of violence, harassing acts, or threatening behavior related to the work place or directed at another employee;
- (8) whether I was voluntarily or involuntarily separated and the reason(s) for the separation; and
- (9) whether I am eligible for rehire.

This Authorization for Release of Employment Information shall be valid only for the length of time that my application is considered active but in no event longer than six (6) months after the date of my signature, below.

I understand that this Authorization for Release of Employment Information is intended to comply with Arkansas Code Annotated § 11-3-204 which provides, in part, as follows:

The current or former employer disclosing such information shall be presumed to be acting in good faith and shall be immune from civil liability for the disclosure or any consequences of such disclosure unless the presumption of good faith is rebutted upon a showing by a preponderance of the evidence that the information disclosed by the current or former employer was false, and the current or former employer had knowledge of its falsity or acted with malice or reckless disregard for the truth.

Signature

Date

FAIR CREDIT REPORTING ACT
CONSUMER DISCLOSURE AND GENERAL AUTHORIZATION

In connection with the review of my application for employment with Denver Roller, Incorporated, Citizens Fidelity Insurance Company, or Baxter Memorial Gardens (individually, the “Company”), I understand that a “consumer report” about me, as that term is defined in the federal Fair Credit Reporting Act, as amended, 15 U.S.C. §§ 1681 *et. seq.* (“FCRA”), may be requested by the Company from a consumer reporting agency (“CRA”). I understand that the consumer report may be used to evaluate my eligibility for hire. I further understand that a CRA must have my written consent before providing the Company with a “consumer report” about me. In general, I understand the report(s) may include, without limitation, information concerning my creditworthiness, credit standing, character, general reputation, personal characteristics, and/or mode of living.

In order to allow the Company to obtain such reports, I give my voluntary consent for a CRA to release such reports to the Company, now or at any time while I am being considered for employment by the Company or while I am employed by the Company. My signature below indicates my consent. I understand that giving my consent does not require the Company to hire me nor does it create any sort of contract, obligation, or duty between the Company and me.

Applicant Signature

Date of Signature

Full Name Printed

Social Security Number

Authorization to Obtain and Review Motor Vehicle Record (MVR)

Employee Name _____ Location _____

Driver's License # _____ State _____

Date of Birth _____

I, _____, Consent to the automobile insurance
(Name of Employee)
carrier for Denver Roller, Inc. Obtaining a MVR on me and to Denver Roller, Inc.
reviewing the information on the MVR.

Note: The result of the MVR could affect insurability. If the results prove that you cannot be insured to drive a company vehicle, it may jeopardize your employment with Denver Roller, Inc.

Signature of Employee

Date