



As part of the application process, NCS may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment solely on the basis of a person’s race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

| | | | | | |
|--|-----------------------|-------------------------------------|---|----------|--|
| -PLEASE TYPE OR PRINT IN INK- | | | Today's Date | | |
| Name | | | | | |
| Address | | | | | |
| City | | | State | Zip Code | |
| Daytime Telephone () | Home Telephone () | Email Address | | | |
| Position for which you are applying | | | Referred By | | |
| Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary | | If part time, specify hours or days | What is your minimum salary requirements? | | |
| Do you have any commitments to another employer that might affect your employment with us? | | | Date available for work | | |

EDUCATION & TRAINING

| | SCHOOL NAME | CITY AND STATE | DEGREE/DIPLOMA MAJOR COURSE OF STUDY | DEGREE RECEIVED? |
|-----------------|-------------|----------------|--------------------------------------|--|
| High School/GED | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Graduate School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trade School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List any other education, training, special skills or certificates/licenses that you possess related to the job.

| | | | | |
|---|---|----------------|--------------|-----------------|
| Professional License/ Certification# | Professional License/ Certificate Type | Issuing Agency | State Issued | Expiration Date |
| Professional License/ Certification# | Professional License/ Certificate Type | Issuing Agency | State Issued | Expiration Date |

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently: _____ Read/write: _____

Do you have a valid driver's license in this state? Yes No

Military Experience? Yes No If Yes, what branch? _____ Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Are you 16 years old or over? If under 18, state age _____ Yes No

Were you previously employed by NCS? If Yes, give dates _____ Yes No

List any relatives/friends working for NCS: _____

Can you perform the essential function of the job? Yes No

Do you require any accommodation to perform the essential functions of the job? If yes, explain _____ Yes No

EMPLOYMENT HISTORY**APPLICANT NAME** _____

List all work experience with the present or most recent job first (use back of application, if necessary)

| | | | | | |
|-----------------------------|---|------|---|----------|--|
| Most Recent Job Held | Name of Employer | | Type of Business | | |
| | Address | City | State | Zip Code | |
| | Dates Employed (from – to) | | Title | | |
| | Name and Title of Supervisor | | Telephone Number () | | |
| | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | |
| | Brief Description of Duties | | | | |
| | Reason for Leaving | | Last Salary \$ | | |

| | | | | | |
|----------------------------|---|------|---|----------|--|
| Previous Employment | Name of Employer | | Type of Business | | |
| | Address | City | State | Zip Code | |
| | Dates Employed (from – to) | | Title | | |
| | Name and Title of Supervisor | | Telephone Number () | | |
| | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | |
| | Brief Description of Duties | | | | |
| | Reason for Leaving | | Last Salary \$ | | |

| | | | | | |
|----------------------------|---|------|---|----------|--|
| Previous Employment | Name of Employer | | Type of Business | | |
| | Address | City | State | Zip Code | |
| | Dates Employed (from – to) | | Title | | |
| | Name and Title of Supervisor | | Telephone Number () | | |
| | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | |
| | Brief Description of Duties | | | | |
| | Reason for Leaving | | Last Salary \$ | | |

| | | | | | |
|----------------------------|---|------|---|----------|--|
| Previous Employment | Name of Employer | | Type of Business | | |
| | Address | City | State | Zip Code | |
| | Dates Employed (from – to) | | Title | | |
| | Name and Title of Supervisor | | Telephone Number () | | |
| | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | |
| | Brief Description of Duties | | | | |
| | Reason for Leaving | | Last Salary \$ | | |

BUSINESS REFERENCES

APPLICANT NAME _____

List three individuals, in addition to listed employment references, known to you for at least three years.)

| NAME | OCCUPATION/ASSOCIATION | TELEPHONE |
|------|------------------------|-----------|
| | | () |
| | | () |
| | | () |

Person to be notified in case of emergency:

| | |
|---------|----------------------|
| Name | Telephone () |
| Address | |

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

Is there any reason that you would not be able to report to work on time? If yes, please explain _____

Are you willing to accept an out of town assignment? _____

Are you willing to work an evening or night shift? _____

Are you willing to work in a refinery or chemical plant? _____

CRIMINAL RECORD INFORMATION

All Applicants: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

Massachusetts Applicants: an applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrest, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry related to prior arrest, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. The applicant may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbances of the peace. The applicant may exclude any convictions of misdemeanors which are more than five years old.

California Applicants: You may exclude convictions for possession of small amounts of marijuana if such convictions are more than two years old.

Hawaii Applicants: Do NOT answer the criminal record questions.

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes No

If yes, explain:

Have you been convicted of a crime (exclude minor traffic cases, include DUIs)? Yes No

If yes, describe: _____

Are criminal charges now pending against you? Yes No

If yes, describe: _____

AGREEMENT (Please read the following statement carefully.)

APPLICANT NAME _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give NCS an and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such person and NCS, from liability for damage that may result from furnishing same to NCS.

I understand that NCS has agreed to provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under NCS's worker's compensation insurance policy.

If employed by NCS, I agree to abide by the policies and procedures of NCS which includes NCS's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of NCS, or myself. I further understand that no manager or representative of NCS other than the president of NCS has any authority to enter into any agreement, oral or written, on behalf of NCS for the term of employment or to make any assurance or promise of continued employment.

I understand that NCS may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by NCS a part of the pre-employment background investigation and if hired, at any time during my employment. California Applicants: I further understand that NCS may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking this box.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine and/or hair sample to be collected from me and submitted for testing. I also consent to the release of the test results to NCS for its use. I understand that any positive drug or alcohol result may preclude my employment.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|