

TIER DE, Inc.

TARGET, INVESTIGATE, EVALUATE, REMEDIATE

5745 LINCOLN HIGHWAY
GAP, PA 17527
717-442-4400
FAX: 717-442-6336



APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

STREET

CITY

STATE

ZIP

COUNTY

PHONE NUMBER _____ SOCIAL SECURITY NO. _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

MILITARY _____ RANK _____ OCCUPATION _____ STATUS _____
(BRANCH)





FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1			
2			
3			

PHYSICAL RECORD: DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? _____

PLEASE DESCRIBE _____

IN CASE OF
EMERGENCY NOTIFY _____

NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

HIRED: YES NO POSITION DATE REPORTING TO WORK _____

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD DATE _____





Disclosure and Authorization Form

Please fax to 1-214-214-234-9988 (Confidential)

As part of the application process for employment at TIER, I understand that Complete Security Investigations LLC will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act(FCRA). These investigative reports may include, but is not limited to names and dates of previous/current employment, work experience, work habits, characters, work performance, general reputation, workers compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, credit worthiness, civil case, OIG/GSA, OFAC/patriots act, any sanction lists, FBI finger printing and drug testing. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for Complete Security Investigations LLC and/or its agents to conduct the searches and investigations.

If I am hired, I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at TIER . I also certify that all information provided below and on my resume is correct to the best of my knowledge. Any false statements provided in this form and my resume will be considered just cause for the termination of employment at any time. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge Complete Security Investigations LLC, and all of its agents, any expenses, losses, damages, and liabilities for the investigative process. Upon Request, Complete Security Investigations LLC will supply a copy of my reports and my rights under the Fair Credit Reporting Act. Requests may be directed to: Complete Security Investigations LLC, 10935 Estate Lane Suite 310, Dallas, TX 75238 or by contacting us at 1-214-329-9181.

Applicant's Name: _____
(Please Print) First M.I. Last

Previous or Maiden Name (If applicable) _____
(Please Print) First M.I. Last

Signature: _____ **Date:** ____ mm/ ____ dd/ ____ yy

Date of Birth: ____ mm/ ____ dd/ ____ yy (this is used for criminal and driving records only)

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ **State:** _____

Current Address: _____

Street Address

City State ZIP

Length of Residency: _____ **Email address:** _____ **Phone:** (____) _____

Notice to California Applicants:

Under section 1786.22 of the California Civil Code. You may obtain a copy of this file, either in person or via mail, by submitting proper identification and paying the costs of duplication services.

California Resident ONLY: By checking this box, I request to receive a free copy of the ordered report.

Complete Security Investigations LLC

10935 Estate Lane Suite 310, Dallas, TX 75238 Tel: 1-214-329-9181 Fax: 214-256-3228