



239 County Rd 30  
Florence, AL 35634  
256-740-5646

**EMPLOYMENT APPLICATION**

PLEASE PRINT ALL INFORMATION IN INK. ALL PAGES MUST BE COMPLETED.

**NAME**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

**ADDRESS**

STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

**SS#:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **TELEPHONE#:** ( ) \_\_\_\_\_

**POSITION(S) APPLYING FOR (CIRCLE ALL THAT APPLY)**

- 1) EXPERIENCED CARPENTER- FRAMING
- 2) EXPERIENCED CARPENTER- TRIM WORK
- 3) CARPENTER HELPER
- 4) EXPERIENCED ROOFER
- 5) ROOFING HELPER
- 6) EXPERIENCED PAINTER
- 7) PAINTER HELPER
- 8) EXPERIENCED VINYL SIDING INSTALLER
- 9) EXPERIENCED CUT MAN FOR VINYL
- 10) VINYL SIDING HELPER
- 11) EXPERIENCED DRYWALL HANGER OR FINISHER
- 12) GENERAL LABOR

**PLEASE LIST ANY OTHER POSITION:** \_\_\_\_\_

**DESIRED PAY RATE (BE SPECIFIC):** \$ \_\_\_\_\_ PER HOUR or \$ \_\_\_\_\_ PER WEEK

**EMPLOYMENT DESIRED:** FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

**DAYS AVAILABLE FOR WORK( CIRCLE ALL THAT APPLY)**

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

**HOW MANY HOURS ARE YOU AVAILABLE TO WORK PER WEEK?** \_\_\_\_\_

**CAN YOU WORK NIGHTS?** YES \_\_\_\_\_ NO \_\_\_\_\_ or OCCASIONALLY \_\_\_\_\_

**WHEN CAN YOU BEGIN WORK?** \_\_\_\_\_

**EMPLOYMENT APPLICATION FORM-2**

**EDUCATION:**

- 1) HIGH SCHOOL \_\_\_\_\_
- 2) COLLEGE \_\_\_\_\_
- 3) BUSINESS OR TRADE SCHOOL \_\_\_\_\_
- 4) OTHER \_\_\_\_\_

**ADDITIONAL INFORMATION**

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**DRIVING HISTORY/ INFORMATION**

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_ EXP. DATE: \_\_/\_\_/\_\_\_\_

HAVE YOU HAD ANY VEHICLE ACCIDENTS IN THE PAST THREE YEARS? \_\_\_\_\_

IF SO, HOW MANY? \_\_\_\_\_ WERE YOU AT FAULT? \_\_\_\_\_

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? \_\_\_\_\_

**MEDICAL HISTORY**

Are you currently under medical treatment or taking any medications that would inhibit your ability to fulfill the duties of the job for which you are applying? YES \_\_\_\_\_ NO \_\_\_\_\_

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN NUMBER AND NATURE OF CONVICTIONS, HOW RECENTLY SUCH OFFENSE(S) OCCURRED, AND ANY REHABILITATION.

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**BACKGROUND CHECKS**

I, \_\_\_\_\_, authorize Acclaim Restoration to run a background investigation, including but not limited too, Credit Reporting and/or Civil and Criminal Background Checks.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMPLOYMENT APPLICATION FORM-3**

PLEASE LIST THE LAST THREE EMPLOYERS:

(1) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
YEARS EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
DIRECT SUPERVISOR: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

(2) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
YEARS EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
DIRECT SUPERVISOR: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO  
DID YOU COMPLETE THIS APPLICATION YOURSELF? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF NOT, WHO COMPLETED IT FOR YOU? \_\_\_\_\_

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_\_\_ YES \_\_\_\_\_ NO  
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PERSONAL REFERENCES**

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PAST EMPLOYERS.

1) NAME: \_\_\_\_\_ (2) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST \_\_\_\_\_ CITY: \_\_\_\_\_ ST \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**UNIFORMS**

**Acclaim Restoration Payroll Deduction for Uniforms**

I, \_\_\_\_\_, authorize Acclaim Restoration to deduct \$ 8.00 from my gross earnings each payroll period from date of employment for Uniform Services.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EMPLOYMENT APPLICATION FORM-4**

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

IN EXCHANGE FOR THE CONSIDERATION OF MY JOB APPLICATION BY ACCLAIM RESTORATION GROUP, LLC I AGREE THAT: NEITHER THE ACCEPTANCE OF THIS APPLICATION NOR THE SUBSEQUENT ENTRY INTO ANY TYPE OF EMPLOYMENT RELATIONSHIP, EITHER IN THE POSITION APPLIED FOR OR ANY OTHER POSITION, AND REGARDLESS OF THE CONTENTS OF EMPLOYEE HANDBOOKS, PERSONNEL MANUALS, BENEFIT PLANS, POLICY STATEMENTS AND THE LIKE AS THEY MAY EXIST FROM TIME TO TIME, OR OTHER COMPANY PRACTICES, SHALL SERVE TO CREATE AN ACTUAL OR IMPLIED CONTRACT OF EMPLOYMENT, OR TO CONFER ANY RIGHTS TO REMAIN AN EMPLOYEE OF ACCLAIM RESTORATION GROUP, LLC OR OTHERWISE TO CHANGE IN ANY RESPECT THE EMPLOYMENT AT WILL RELATIONSHIP BETWEEN IT AND THE UNDERSIGNED, AND THAT RELATIONSHIP CANNOT BE ALTERED EXCEPT BY A WRITTEN INSTRUMENT SIGNED BY THE OWNER/GENERAL MANAGER OF THE COMPANY.

BOTH THE UNDERSIGNED AND ACCLAIM RESTORATION GROUP, LLC AND ITS OWNER OR MANAGER APPOINTED MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITHOUT SPECIFIED NOTICE OR REASON. IF EMPLOYED, I UNDERSTAND THAT THE COMPANY MAY UNILATERALLY CHANGE OR REVISE BENEFITS POLICIES AND PROCEDURES AND SUCH CHANGES MAY INCLUDE REDUCTION IN MY BENEFITS, HOURS AND/ OR WAGES.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS REQUESTED IS CAUSE FOR DISMISSAL AT ANY TIME WITHOUT PREVIOUS NOTICE. I HEREBY GIVE THE COMPANY PERMISSION TO CONDUCT BACKGROUND CHECKS, REQUEST MVR's, AND TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS (UNLESS OTHERWISE NOTED), REFERENCES AND OTHERS AS NEEDED. I HEREBY RELEASE THE COMPANY FROM ANY LIABILITY AS A RESULT OF SUCH INVESTIGATION AND/OR CONTACT.

I UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE BASED ON SUCCESSFUL PASSING OF JOB RELATED PHYSICAL EXAMS, CREDIT REPORTS, BACKGROUND AND DRIVING RECORD INVESTIGATIONS AND DRUG SCREENINGS.

I UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY SHALL BE ON A PROBATIONARY BASIS FOR NINETY (90) DAYS, AND THAT AT ANY TIME DURING THE PROBATIONARY PERIOD OR THEREAFTER MY EMPLOYMENT RELATIONSHIP WITH THE COMPANY IS TERMINABLE AT WILL FOR ANY REASON BY EITHER PARTY.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_



# Alabama Background Check (ABC) Report Waiver



Pursuant to §49-9-594, Code of Alabama 1975, the Alabama Criminal Justice Information Center (ACJIC) may supply employee criminal records and may provide the procedure for obtaining the records. The purpose of this waiver is to provide my employer/prospective employer with sufficient identifying information about myself to allow my employer/prospective employer to obtain my criminal record by querying the ACJIC Alabama Background Check (ABC) system.

By signing this waiver I, \_\_\_\_\_, certify that all of the personal identifying information provided herein is accurate. I understand that by providing this information and signing this document I agree to allow my employer/prospective employer to receive a copy of my report through ACJIC.

I understand that ABC reports may contain reported felony and misdemeanor arrests, violations, and court records included in databases maintained by the State of Alabama. I further understand that ABC reports contain personal information from motor vehicle records included in records maintained by the State of Alabama. Personal information is information that identifies the individuals on whom the ABC report is conducted, including photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. Juvenile, youthful offender, sealed and/or expunged records will not appear on any ABC report.

I further understand that any information supplied on an ABC report is derived from a **name-based** search using only the identifiers submitted by my employer/prospective employer or this employer's authorized Third Party User based on the information provided by me on this form. ACJIC in no way guarantees that criminal history record information provided through this system is for the person named in the request. Fingerprint based searches are the most reliable way to conduct criminal record checks and the least likely to result in either a false positive or false negative search result. This is not a fingerprint based search.

I understand that this waiver may be sent to ACJIC electronically in a form prescribed by ACJIC.

I understand that the results of my ABC report may be verified by submitting fingerprints to the Alabama Department of Public Safety.

**PLEASE PRINT ...** \*Asterisks denote required information.

<b>Last Name* (required)</b>	<b>First Name* (required)</b>	<b>Middle Name</b>	<b>Maiden Name</b>
<b>Street Address</b>		<b>City, State and Zip Code</b>	
<b>Sex / Gender* (required)</b>	<b>Race* (required)</b>	<b>Date of Birth</b>	
<b>Social Security Number*</b>		<b>Place of Birth</b>	
<b>Drivers License State</b>		<b>Drivers License #</b>	
<b>Signature* (required)</b>		<b>Date of Signature* (required)</b>	
<b>Name of Employer/Prospective Employer</b>			