

APPLICATION FOR EMPLOYMENT
M.J. WHITE SON, INC.
PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

I. PERSONAL INFORMATION *(Please print legibly)*

NAME <i>(Last name first)</i>		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.	
PRESENT ADDRESS		APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS		APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? Yes ___ No ___		PHONE	ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE US? Yes ___ No ___		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ___ No ___		IF YES, EXPLAIN:			

II. DESIRED EMPLOYMENT

POSITION INTERESTED IN:		DATE YOU CAN START		SALARY DESIRED	
KIND OF WORK SOUGHT? Full-Time ___ Part-time ___ Other ___				IF PART-TIME, PLEASE SPECIFY HOURS AND DAYS DESIRED	
ARE YOU EMPLOYED NOW? Yes ___ No ___				IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes ___ No ___	
EVER APPLIED TO THIS COMPANY BEFORE? Yes ___ No ___		WHERE?	WHEN?	IF SO, UNDER WHAT NAME?	
EVER WORKED FOR THIS COMPANY BEFORE? Yes ___ No ___		WHERE?	WHEN?	IF SO, UNDER WHAT NAME?	
REASON FOR LEAVING					
NAME OF LAST SUPERVISOR AT THIS COMPANY					
CAN YOU WORK REGULARLY? Days ___ Nights ___ Weekends ___ Holidays ___				DO YOU HAVE DEPENDABLE TRANSPORTATION? Yes ___ No ___	
WHO REFERRED YOU TO THIS COMPANY? ___ EMPLOYMENT AGENCY ___ Newspaper Advertising ___ Friend ___ STATE EMPLOYMENT OFFICE ___ College Placement Service ___ Walk-in ___ OTHER					

III. EDUCATION

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

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IV. GENERAL			
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK			
SPECIAL TRAINING			
SPECIAL SKILLS			
V. FORMER EMPLOYERS <i>(List below employers for the last five years starting with the most recent one first.)</i>			
NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? Yes ___ No ___	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? Yes ___ No ___	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? Yes ___ No ___	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

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VI. REFERENCES (Below, give the names of three persons you are not related to, whom you have known at least one year)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

VII. SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD/RESERVES	DATE OBLIGATION ENDS

VIII. ADDITIONAL INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes ___ No ___	LICENSE NO.	ISSUING STATE
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LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD, EXCLUDING GROUPS, THE NAME OR CHARACTER OF WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, MARITAL OR VETERAN STATUS

STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN THE EVENT OF ACCIDENT OR EMERGENCY.

IX. DISABILITY ACCOMMODATION

Have you reviewed the job description of the position for which you are applying? _____ Yes _____ No. If so, can you perform any or all of the job functions contained in the job description with or without reasonable accommodation?
_____ Yes _____ No.

X. NOTICE OF RIGHTS FOR DISABLED PERSONS

If you have a physical, mental or other impairment which would interfere with your ability to perform in a position but which may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires that you notify M.J. WHITE & SON, INC. ("Company") in writing of your need for accommodation within One Hundred Eighty-Two (182) days after you become aware or should reasonably have known that the accommodation was needed. All written requests for accommodation must be submitted to the President of the Company.

XI. NOTICE OF MEDICAL EXAMINATION

Any offer of employment is conditioned upon your ability to pass a medical examination and appropriate tests including drug and alcohol tests prior to the commencement of employment.

XII. AUTHORIZATION

1. I certify that the facts contained in this application are true and complete to the best of my knowledge, information and belief and I understand that if I am employed, that falsified statements contained in this application shall be grounds for immediate dismissal.

2. I authorize the Company to investigate all statements contained herein and the references listed above and to conduct, order and acquire any background information regarding me which the Company deems to be appropriate including, but not limited to, credit histories, criminal records, driving records, educational records, medical records, drug tests and all employment records including any and all disciplinary reports, letters of reprimand or other disciplinary action contained in my record with any employer or former employer (the "Background Information"). I understand and agree that the Background Information is of material importance to the Company and that the Company may refuse to hire me based on the content of the Background Information in the sole and absolute discretion of the Company and may re-verify such information at any time during my employment. I hereby request that all references listed herein or the custodians of the Background Information give all information concerning my previous employment and/or pertinent information they may have, personal or otherwise to the Company and I hereby consent to the release of such Background Information and release all such parties from all liability for any damage that may result from the furnishing of same to the Company. I consent to the disclosure and use of the Background Information by the Company and its retained professionals. I hereby waive my rights under the "Employee Right to Know Act", Act No. 397, Michigan Public Acts of 1975, to written notice of any disciplinary information disclosed by current or former employers.

3. I understand and agree that if employed, my employment with the Company is "At Will" and may be terminated, by the Company or by me, at any time, with or without prior notice, and for any reason whatsoever or for no reason, with or without cause and that the nature of my employment cannot be modified except in writing signed by the President of the Company.

4. I understand and agree that I may be required to take a physical examination or submit to a drug test as a condition of employment or continued employment, if hired. I agree to and consent to take such test(s) at such time as designated by the Company and release the Company, its directors, officers, members, partners, shareholders, agents, retained professionals, insurers or employees from any claim arising in connection with the use of such tests or disclosure of the results thereof.

5. I understand and acknowledge that, except for the provisions of Paragraph 6 of this Application, the policies of the Company may be changed unilaterally by the Company at any time without any notice to me. If employed, I hereby agree to comply with all rules, regulations and the policies established by the Company for its employees including such new or revised rules, regulations and policies as may be subsequently established. I understand that if I am employed, the Company from time to time may make unilateral changes in its rules, regulations and personnel practices and policies that will affect me and that my employment may be subject to unilateral adjustments in compensation, fringe benefits and other terms and conditions of employment including layoffs and terminations.

6. If employed by the Company, I understand and agree that in the event that a dispute arises concerning my employment with and/or termination from the Company the sole and exclusive method for resolving any and all disputes arising out of my employment or termination from the Company or in any way related to any alleged wrongful acts on the part of the Company, its affiliates, directors, officers, shareholders, agents, members, partners, employees relating to my employment, including but not limited to claims of breach of contract, wrongful discharge, retaliation, tort claims, invasion of

privacy, slander, defamation, and/or any statutory claim including but not limited to discrimination under Title VII of the Federal Civil Rights Act, Age Discrimination in Employment Act, National Labor Relations Act, Fair Labor Standards Act, Americans With Disabilities Act or Family Medical Leave Act, the Michigan Elliot-Larsen Civil Rights Act, Persons With Disabilities Act, Whistle Blowers Protection Act and Bullard-Plawecki Employee Right to Know Act through the procedures and policies of the American Arbitration Association. Employee acknowledges and agrees that Employee is waiving his or her right to adjudicate any claim under this Agreement before any federal or state court or agency. Employee shall not bring, and expressly waives his or her right to bring any action or claim under this Agreement as a member of any purported class or representative proceeding.

This agreement to arbitrate applies to all claims whether employee becomes employed by the Company, whether brought during Employee's employment with the Company or at any time after termination of employment with the Company. Venue for any such hearing shall be Oakland County, Michigan. The parties hereby agree that the determination of the arbitrator shall be binding and final upon all parties. The award of the arbitrator may be filed with the Clerk of the Circuit Court for the County of Oakland, Michigan and judgment may be rendered by the Court upon the arbitration award and execution may be issued upon the judgment. The cost for arbitration shall be split equally between myself and the Company, notwithstanding anything to the contrary in the employment rules of the American Arbitration Association. The arbitrator shall not have the power to change, modify or otherwise alter the "At Will" nature of the employment relationship and the arbitrator's written determination shall be based solely upon the "At Will" nature of such employment relationship. In any proceeding under this Agreement, the parties shall have the right to representation by counsel at all steps of the procedure and reasonable discovery, including, but not limited to, interrogatories, document requests, depositions and subpoenas in accordance with Michigan State court rules. The parties may mutually agree that the arbitration therein be stenographically recorded, provided that each party shall equally share the cost of creating and printing the record.

7. If employed by the Company, I agree that any arbitration or judicial proceeding arising out of a dispute relative to my employment with the Company shall not be brought unless the same is commenced within One Hundred and Eighty (180) days following the incident giving rise to such dispute. My failure to commence such proceeding within the One Hundred Eighty (180) day period shall result in the extinguishment of any rights I may have to prosecute such claims or actions. If any term or provision contained in this Application is construed or held to be invalid, void or unenforceable by a court of confident jurisdiction for any reason whatsoever, such term or provision shall be construed and enforced consistent with state or federal laws to render such provision and the remainder of this Agreement enforceable. Such ruling shall not affect the validity of the remainder of this Agreement.

8. I agree that if I should bring any action or claim arising out of my employment against the Company in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of such claim or action, including attorney fees, court costs, arbitration fees and all other costs associated with such action to the extend not prohibited by law.

9. If employed by the Company, I hereby authorize the Company to deduct from my wages any sums loaned, advanced or paid on my behalf by the Company. I consent to such deduction freely and fully with the understanding that such deductions may substantially reduce a particular pay check.

10. I acknowledge and agree that I have reviewed and signed this Application knowingly and voluntarily as a condition of consideration for employment with the Company.

****PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. YOUR SIGNATURE INDICATES THAT YOU EXPRESSLY AGREE WITH ALL OF THE FOREGOING.**

APPLICANT:

Dated: _____, 20__

* _____

*PRINT NAME BELOW SIGNATURE BLOCK

Consumer Report / Investigative Consumer Report (Including Substance-Abuse Testing / Drug Testing) Disclosure and Release of Information Authorization

I authorize _____ and CertifiedBackground.com, a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand substance-abuse testing/drug testing may be a requirement of the position for which I am applying, or the position I wish to retain. I consent to this testing and understand I must pass the substance abuse test/drug test as a condition of employment or continued employment. I hereby authorize any physician, laboratory, hospital or medical professional to conduct such testing and release the results to authorized representative/s of the above-named company and/or Verifications, Inc. I understand only test results will be provided and no other medical information about me will be disclosed to anyone. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. Further, I understand the Consumer Report may include substance-abuse testing/drug testing results. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to CertifiedBackground.com at 888-666-7788

If currently employed: My current employer may be contacted. YES NO N/A Post Hire Only Applicant's Initials

Is employment/prospective employment in California? YES NO

If you are applying for employment in the State of California please note that a new Disclosure and Release of information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota or Oklahoma? YES NO

If so, would you like a copy of any Consumer Report prepared on you? YES NO

I hereby certify all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.

Signature Social Security Number Date

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. PLEASE PRINT CLEARLY.

Last Name First Name Middle Name

Street Address City State ZIP

Driver's License Number State of License Expires On Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

Violent Crime Control and Background Consent Form

DISCLOSURE STATEMENT (pertains to section A)

Under the Federal Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. § 1033(e) a person may not engage in the business of insurance if the individual has been convicted of a felony involving dishonesty or breach of trust, unless the individual has the written consent of an insurance regulatory official authorized to regulate the insurer. If a person is convicted of a felony between annual notification dates, he or she agrees to notify **Alacrity Services LLC** promptly, but no later than 10 days after the conviction.

Furthermore, **Alacrity Services LLC** discloses to you that as part of a background investigation of your activities, an investigative consumer report may be obtained at any time during the contractual relationship with **Alacrity Services LLC**. An investigative consumer report may include personal information as to your character and general reputation.

CONSENT FORM TO RELEASE INFORMATION (pertains to section B)

I understand that in consideration of my application to perform network services with **Alacrity Services LLC**, an investigation may be conducted of my background. I authorize personal references and others with whom I am acquainted to provide information concerning my ability, character, military service and credit history. I release all persons, including credit bureaus, and government agencies from any liabilities or damages for having furnished such information. In consideration of my application for network services, I hereby authorize **Alacrity Services LLC** and/or **Mega Group Online** and/or its agents to conduct such an investigation, and release **Alacrity Services LLC**, including its officers, employees, agents and representatives from all liability or responsibility for this investigation. I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering accurate information, and will not be used to discriminate against me in violation of any law. A telephonic facsimile (fax) or a photographic copy of this authorization shall be as valid as the original.

Alacrity Services LLC will take reasonable steps to prevent, to the extent reasonably practical under the circumstances, unauthorized disclosure or distribution of information disclosed either on this request form or any subsequent investigative consumer report.

Section A (This Section must be completed by all participants in the Alacrity network except "Office-Only" personnel)

Full Name Printed _____ Signature _____ Date _____ **2008**

Company Name _____ File # _____

If Subcontractor, Subcontractor Company Name

Have you ever been convicted of a felony? (Circle) no yes If Yes, Date of conviction _____

a. Describe in detail the criminal act committed: _____

b. Type of punishment or penalty received as a result of the conviction: _____

Section B (To be completed by Owners, Supervisors, Managers, and any employee answering "yes" to a felony conviction in Section A)

Applicant Signature _____ Social Security # _____

Date of Birth _____ Race _____ Sex _____

Home addresses for past seven years:			
<u>Street/City/State</u>	<u>ZipCode</u>	<u>Name of COUNTY</u>	<u>From mo/yr</u> <u>To mo/yr</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

True Colors Personality Quiz

Describe Yourself: In the boxes below are groups of word clusters printed **horizontally** in rows. Look at all the choices in the first box (A,B,C,D). Read the words and **decide which of the four letter choices is most like you**. Give that a "4". Then rank order the next three letter choices from 3-1 in descending preference. You will end up with a box of four letter choices, ranked from "4" (most like you) to "1" (least like you). Continue this process with the remaining four boxes until each have a 4, 3, 2, and 1.

Box One			
A _____ active opportunistic spontaneous	B _____ parental traditional responsible	C _____ authentic harmonious compassionate	D _____ versatile inventive competent

Box Two			
E _____ curious conceptual knowledgeable	F _____ unique empathetic communicative	G _____ practical sensible dependable	H _____ competitive impetuous impactful

Box Three			
I _____ loyal conservative organized	J _____ devoted warm poetic	K _____ realistic open-minded adventuresome	L _____ theoretical seeking ingenious

Box Four			
M _____ concerned procedural cooperative	N _____ daring impulsive fun	O _____ tender inspirational dramatic	P _____ determined complex composed

Box Five			
Q _____ philosophical principled rational	R _____ vivacious affectionate sympathetic	S _____ exciting courageous skillful	T _____ orderly conventional caring

A,H,K,N,S <u>orange</u> = _____	B,G,I,M,T <u>gold</u> = _____
C,F,J,O,R <u>blue</u> = _____	D,E,L,P,Q <u>green</u> = _____