

PERSONAL INFORMATION

Full Name <i>(first middle last)</i>		Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Address <i>(street, apt/unit #)</i>			
City	State	Zip Code	
Permanent Address <i>(street, apt/unit #)</i>			
City	State	Zip Code	
Driver License Number		Social Security Number	
Home Phone		Mobile Phone	
Email Address			
Have you lived in any other states? <i>(if so, name all)</i>			
How did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Radio <input type="checkbox"/> Signage <input type="checkbox"/> Newspaper <input type="checkbox"/> Online Ad <input type="checkbox"/> Other			

EMPLOYMENT DESIRED

Position(s) <input type="checkbox"/> Counter Attendant <input type="checkbox"/> Location Manager	Date You Can Start	Salary/Wage
Location(s)		
Status(s) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Shift(s) <input type="checkbox"/> ANY <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where and when	

EDUCATION INFORMATION

High School	School Name, School Address	Years Attended	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subjects studied
College / Trade or Business School	School Name, School Address	Years Attended	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subjects studied

GENERAL INFORMATION

Certifications, Licenses, Special Skills, etc. (Ex: BASSETT Certification, Food Service Sanitation License)

MILITARY SERVICE RECORD

Have you ever served in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service
Rank	Discharge Date

FORMER EMPLOYERS *(list last three employers below, starting with most recent employer first)*

Present/Last Employer Name	Job Title
Employer Address	

City		State		Zip Code
Start Date	Leave Date	Weekly Starting Salary/Wage	Weekly Ending Salary/Wage	
Supervisor Name		Title		Phone
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving		
Work Description				

FORMER EMPLOYERS CONTINUED...

Previous Employer Name			Job Title	
Employer Address				
City		State		Zip Code
Start Date	Leave Date	Weekly Starting Salary/Wage	Weekly Ending Salary/Wage	
Supervisor Name		Title		Phone
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving		
Work Description				
Previous Employer Name			Job Title	
Employer Address				
City		State		Zip Code
Start Date	Leave Date	Weekly Starting Salary/Wage	Weekly Ending Salary/Wage	
Supervisor Name		Title		Phone
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving		
Work Description				
Previous Employer Name			Job Title	
Employer Address				
City		State		Zip Code
Start Date	Leave Date	Weekly Starting Salary/Wage	Weekly Ending Salary/Wage	
Supervisor Name		Title		Phone
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving		
Work Description				

AUTHORIZATION

"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 and employers 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 the company from all liability for any damage that may result from utilization of such information.
I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Applicant Signature	Date
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EMPLOYMENT APPLICATION IS ACTIVE FOR 90 DAYS AFTER THE SIGNED DATE.

-----**FOR OFFICE USE ONLY**-----

App # _____

ADVANCED INVESTIGATIVE SERVICES, INC.

PO BOX 22, NASHVILLE, IL 62263 / AIS@MIDWESTINVESTIGATORS.COM



Sean P. Dees, President
William R. Barrett, Retired
Steven J. Bone, Vice-President
Deborah Irvin, Vice-President

Illinois: 117-000899
Indiana: PI20700065
Kansas: A-5205
Kentucky: KYPI-0123
Missouri: 2010019307
Tennessee: 00001951

Phone: 800-995-7717
Phone: 618-327-9526
Fax: 618-327-9070
Fax: 866-266-6780

AUTHORIZATION TO RELEASE RECORDS

Information: (Please Print)

Complete Name: _____		
Address: (Number and Street) _____		
City: _____	State: _____	Zip code: _____
Social Security Number: _____		
Drivers License Number and State: _____		
Birth Date and State or Country: _____		
Race: _____	Sex: _____	

AUTHORIZATION:

I hereby consent and authorize _____ and its agents, including Advanced Investigative Services, Inc., to secure information pertaining to my character and background, as this may relate to my employment. I understand that the information authorized or supplied by me can be utilized during a background investigation, which may include, but not be limited to, a consumer credit report, criminal history records, driving record history, employment history and/or verification of any information provided on the application form or stated during the interview process. I release from liability all persons, companies and corporations supplying information as a result of this investigation. I further release and agree to indemnify the employer or entity named above and Advanced Investigative Services, Incorporated against any liability that might result from conducting these investigations.

DATE: _____ Signature of Applicant: _____

This form must be dated and signed to be processed

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made by Lucy's Place, LLC (the "Company"), to submit to a drug or alcohol test and to furnish a sample of my saliva, urine, breath, and/or blood for analysis. I understand and agree that if I, at any time, refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures; I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any illegal or prohibited substances, and for the laboratory or other testing facility to release any and all documentation relative to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result from the release to use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Employee Signature

Date

Employee Print Name