



CONTACT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
E-mail Address	Phone Contacts		
Shift Available	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	Social Security No.	Desired Wage
Type of Work Desired			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

WRITTEN AND ONLINE PROFILE DISCLOSURE STATEMENT

I hereby declare all statements contained in this written and my online profile are true and correct and understand false or inaccurate information will be the basis for termination. I do hereby authorize Beacon to examine any and all criminal records and arrests on file in the counties in the State of Michigan or any other state. In doing so, I understand I am waiving my right of confidentiality concerning my criminal history. I understand that if employed, my employment will not be for a fixed period of time and may be terminated by Beacon at any time. I also authorize Beacon to release the information contained herein and its findings and work history of my employment to other firms or persons upon request. I also understand and agree that I may be expected to work on a variety of job assignments and agree to accept assignments for which I am qualified as they become available.

Signature of Applicant

Date

DRUG SCREEN AUTHORIZATION AND CONSENT

I hereby authorize and give full permission to have Beacon and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for a screening test using S.A.M.H.S.A. standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties involved harmless, meaning I will not send or hold them responsible for an alleged harm to me or interfering with my obtaining a job or continuing employment as a result of not submitting to the test or as a result of the determination of the testing. This includes, but not limited to, any possible clerical or laboratory errors.

Beacon Substance Abuse Policy and this Authorization and Consent Form has been explained to me in a language I understand. In addition, I understand my Authorization and Consent is legal and binding because Beacon Services is both sending me for the examination and paying for the examination.

I UNDERSTAND BEACON SERVICES WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH BEACON SERVICES' SUBSTANCE ABUSE POLICY. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION.

Signature of Applicant

Date

RELEASE OF CRIMINAL RECORDS & SOCIAL SECURITY VERIFICATION

I, the undersigned, do hereby authorize Beacon Services to examine any and all criminal records and arrests on file in the State of Michigan or any other state. I understand I am waiving my right of confidentiality concerning my criminal history. I also authorize the verification of my Social Security Number with the Social Security Administration. This release gives full authorization to conduct a comprehensive review of my background.

Signature

Date of Release

Driver's License Number