



## Employment Application

Complete all information. An incomplete application may disqualify you from further consideration.

Position Title You Are Applying For: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Message/Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date Available \_\_\_\_\_ Social Security No. \_\_\_\_\_ Desired Salary \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_ Yes \_\_\_\_ No If no, are you authorized to work in the U. S.? \_\_\_\_ Yes \_\_\_\_ No

Have you ever worked for this company? \_\_\_\_ Yes \_\_\_\_ No If so, when? \_\_\_\_\_

### EDUCATION

High School Name : \_\_\_\_\_ Address \_\_\_\_\_  
(Street/City/State/Zip Code)

Graduated/GED \_\_\_\_ Yes \_\_\_\_ No

College: \_\_\_\_\_ Address \_\_\_\_\_  
(Street/City/State/Zip Code)

Major \_\_\_\_\_ Dates Attended (MM/YR) \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

Business Trade/Technical: \_\_\_\_\_ Address \_\_\_\_\_  
(Street/City/State/Zip Code)

Major \_\_\_\_\_ Dates Attended (MM/YR) \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

### PAST EMPLOYMENT REFERENCES

(This is my Current Employer \_\_\_\_ Yes \_\_\_\_ No)

Company \_\_\_\_\_ Job Title \_\_\_\_\_ Start Date (MM/YR) \_\_\_\_\_ to End Date (MM/YR) \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_ City/State \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_ Start Date (MM/YR) \_\_\_\_\_ to End Date (MM/YR) \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_ City/State \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_ Start Date (MM/YR) \_\_\_\_\_ to End Date (MM/YR) \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_ City/State \_\_\_\_\_

**PAST EMPLOYMENT EXPERIENCE**

1. Employer \_\_\_\_\_ Start Date (MM/YR) \_\_\_\_\_ to End Date (MM/YR) \_\_\_\_\_

Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact them?  Yes  No

2. Employer \_\_\_\_\_ Start Date (MM/YR) \_\_\_\_\_ to End Date (MM/YR) \_\_\_\_\_

Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact them?  Yes  No

3. Employer \_\_\_\_\_ Start Date (MM/YR) \_\_\_\_\_ to End Date (MM/YR) \_\_\_\_\_

Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact them?  Yes  No

Please list any transferable skills you possess that are required or applicable to the position (e.g., Computer skills, languages, etc.)

**MILITARY SERVICE**

Did you serve in the U.S. Arm forces? \_\_\_\_Yes \_\_\_\_No If "Yes" in what Branch \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Describe any training relevant to the position for which you are applying \_\_\_\_\_

\_\_\_\_\_

**REFERRAL SOURCE**

Walk-In \_\_\_\_\_ Company Website \_\_\_\_\_ Other (Please list) \_\_\_\_\_

State Names of relative & friends working for us \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

By my signature below, I certify that the information on this application and its supporting documents is true, accurate and complete. I understand and agree that failure to fully complete this application, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment - or termination after employment - if discovered at a later date. I authorize DHX-Dependable Hawaiian Express, Inc. / Our Best Assets, Inc. /Dependable Global Express, Inc. (The "Dependable Companies") to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand and agree that if I become employed by The Dependable Companies, my employment will be at-will and can be terminated at any time by either me or the company, with or without cause or advance notice, for any reason or for no reason at all (other than a reason prohibited by law).

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Dependable Companies are an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, religion, color, sex, sexual orientation, gender expression or identity, pregnancy, age, marital status, veteran status, national origin, disability, medical condition, genetic information, or any other protected category prohibited by law.**



# Authorization for Background Investigation

A-Check America, Inc.  
P.O. Box 5615  
Riverside, CA 92517 USA  
Call Toll free: 877-345-2021  
Call Direct: 951-750-1501  
Fax: 951-750-1301  
www.acheckamerica.com

File # (online users only): \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize A-Check America, Inc. and/or its agents to conduct an independent investigation of my background, which pursuant to Section 603 of the Fair Credit Reporting Act (FCRA) may include my "character, general reputation, personal characteristics, or mode of living", in connection with an application of employment with \_\_\_\_\_, but only to the extent permitted by state and federal law.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, workers' compensation record, education, credentials, identity, past addresses, social security number, previous employment, and personal references, as related to my job application under state and federal law.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureau, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me, to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive the need to receive a written notice for disclosure of information from any present or former employer who may provide information based upon this authorization.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (for I.D. purposes only): \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a cell and/or alternate phone number and email address where we may contact you.

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please do not type in name; your hand-written signature is required above)

<b>California, Minnesota and Oklahoma Residents Only:</b>	
If a consumer background report is ordered, would you like a free copy of the report mailed to your home?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature: _____	Date: ____/____/____

NOTICE: This form is the property of A-Check America, Inc. No alterations to its content may be made without the prior written consent of its author. Any changes made without A-Check's authorization are considered a breach of contract.