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Driver Lic. Emailed	Date:
<b>Drug Test Scheduled</b>	Date:

# BRISTER-STEPHENS, INC. Employment Application



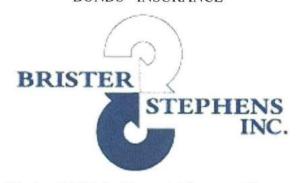
APPLIC	ANTIN	ORN	NOITAN					1591			-			D	ATE:			
Last Name	9							First						M.I.				
Street Add	iress			- 17	-						(1)		r	Apartme	ent/Unit			
City					1	State			38101	ZIP								
Phone								E-mail Addre		T	-		-					
In case of Contact	Emergen	су		ini yarayay		t-min-		Relat	0			Phone		-	SH CS			
Date Avail	able	T		Soc	cial Sec	curity	No.			-1			Desired Salary		-			
Position Ap	oplied for		I						1					Jakary				
Are you a	citizen of t	the Ur	ited States?		YES		NO		If no	, are y	you	author	zed to	work in the	U.S.?	YES		по П
Have you o	ver worke	ed for	this company	?	YES		NO		If so	If so, when?					Manager Manager	u ul minus		
Have you e	ver been	convi	ted of a felon	y?	YES		NO		If ye expla							1110000000		
Have you eve	r been issue	d a tick	set for DWI or D	UI	Yes		No			- Exp	lair				-			
EDUCATI	ON																	
High Schoo	1						Add	dress										
From		То		Did grad	you luate?		YES	S 🗆	NO I		Deg	ree						
College							Add	iress										
From		То		Did y	you luate?		YES		NO [	]	Deg	ree						
Other				PT passin, insu			Add	ress										
rom		То		Did y grad	rou uate?		YES		NO E	ו	Deg	ree						
REFEREN										,,,,,,,,								
	ree profe.	ssiona	il references.				age to down	-										
ull Name										Relat								
ompany	-									Phon	е	(	)				-	
ddress																		
ull Name										Relati	ions	hip						
ompany										Phone	e	(	)					
ddress																		
ıll Name								III.		Relati	ons	hip						
ompany										Phone		(	)					
idress																		

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terviewed &	Hired By:		Start Date:			<b>Starting Pay Rate: \$</b>				
	, , ,	9				Date	YES	NO		
Empl	ovee Drug Te	esting & Backgr	ound Chec	k - OK	T	Date	TES	NO		
	Drive	r Approved by	y Insuran	ce Co.		Data	YES	NO		
- I I I I I I I I I I I I I I I I I I I	ро по	T WRITE BELOW TH	IIS		OFFICE U	JSE ONLY				
gnature						Date				
certify that my an ise or misleading	information in my information they m	E I complete to the best application or interview hay have about me and	v may result in n	ny release.	Furthermo	re, I authorize all f	ormer empl	oyers to		
other than honor	able, explain									
ank at Discharge					Type of	Discharge				
Sranch					From	То				
MILITARY SER	VICE									
May we contact yo	our previous superv	visor for a reference?	YES 🗆	NO 🗆	Vision Vision		The state of the s			
From	То	Reason for Leaving								
Responsibilities			July July	7		Ending Salary	4			
lob Title			Starting Salary	S		Ending Salary	s			
Address				Phone Supervisor	( )					
Company	our previous super	visor for a reference?	YES 🗆	NO 🗆		411 · · · · · · · · · · · · · · · · · ·				
From	То	Leaving		T =	T					
Responsibilities		Reason for								
Job Title			Starting Salary	\$		Ending Salary	\$			
Address				Superviso	or	1	-1			
Company				Phone	( )					
May we contact	your previous supe	rvisor for a reference?	YES 🗆	NO 🗆						
From	То	Reason for Leaving					-			
Responsibilities										
Job Title			Starting Salary	\$		Ending Salary	\$			
Address				Supervis	or	100 3 1100 200 100 100 100 100 100 100 100 10				
Company				Phone	(	)				
PREVIOUS E	MPLOYMENT									

# CORY, TUCKER & LARROWE, INC.

BONDS • INSURANCE



## **Motor Vehicle Report Consent Form**

Please Print or Type

By my signature below, I authorize **Brister Stephens, Inc.**, Cory, Tucker & Larrowe, Inc., the current insurance carrier and any prospective insurance carrier for **Brister Stephens**, **Inc.**, **to** order a copy of my driving record. The contents of this report can be discussed among those parties listed above for the purpose of determining my acceptability as a driver of company vehicles owned, leased, rented or borrowed by **Brister Stephens**, **Inc.** At my written request, I can receive a copy of this report. This authorization remains in effect until rescinded by me in writing.

#### PLEASE PRINT

Name of Driver:	
Address:	
City, State, Zip	
Driver's License Number	
Issuing State:	
Date of Birth:	
Driver's Signature	Date
Witness	Date

B.A.L. & Associates, LLC & Occupational Resources, Inc. 5440 Mounes Street Ste. 110 Harahan, LA 70123 Phone 504-733-4488 Fax 504-733-4498

#### PRE-EMPLOYMENT INQUIRY RELEASE

In connection with, and for the duration of my employment (including contract for services) with \_\_\_\_\_\_, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for my termination from positions with previous employers. I understand that I may be required to pass a drug test as a condition of my employment. Further, I understand that you will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal cases, civil cases, and other experiences.

	Personal Information	n	And the second second second
First	Middle		Last
Street Address			Apartment/Unit #
City		State	ZIP Code
-			
	3.1		
		State Issued:	
		Date:	
	Street Address City	First Middle  Street Address	Street Address  City State  State  Issued:

\*Date of birth is being requested in order to obtain accurate retrieval of records

I understand that, according to Federal Fair Credit Reporting Act, I am entitled to know if employment is denied based on information obtained through background inquiries. I also understand that I am entitled to receive, upon written request, a copy of any investigative report(s).

California, Minnesota, and Oklahoma applicants Only: please check here to have a copy of your consumer report sent directly to you by ORI at the address above.