

PROFESSIONAL LICENSES/CERTIFICATIONS - COMPLETE this section if you are applying for a position requiring licensing or certification.

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

MILITARY SERVICE

Have you obtained any special skills or abilities as a result of service in the military? Yes No

If so, please describe: _____

FOREIGN LANGUAGE

Do you speak, write or understand any foreign languages? Yes No

If yes, what language(s): _____

EMPLOYMENT HISTORY - List all present and past employment for the past seven years, starting with your most recent employer. Account for all periods of unemployment.

**** YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME ****

Name of Employer _____ Telephone Number _____

Type of Business _____ Your Supervisor's Name _____

Address _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone Number _____

Type of Business _____ Your Supervisor's Name _____

Address _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone Number _____

Type of Business _____ Your Supervisor's Name _____

Address _____

Dates of Employment: _____ From _____ To _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone Number _____

Type of Business _____ Your Supervisor's Name _____

Address _____

Dates of Employment: _____ From _____ To _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone Number _____

Type of Business _____ Your Supervisor's Name _____

Address _____

Dates of Employment: _____ From _____ To _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

APPLICANT'S STATEMENT AND AGREEMENT

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize FMG and the worksite client (the Company) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I agree that, if hired, my employment shall not be for any specific duration and either the Company or I may terminate my employment relationship at any time, with or without cause and/or with or without prior notice. This express at-will acknowledgement supersedes any and all prior representations or understandings, whether written or oral, express or implied, between the Company and me.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I check the box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Initials

I acknowledge that the Company promotes a voluntary system of alternative dispute resolution, which involves binding arbitration to resolve all disputes which may arise out of, involving, affecting or related in any way to this agreement or a breach of this agreement, or arising out of, involving, affecting or related in any way to employment or the conditions of employment or the termination of employment. I voluntarily agree that any claims, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on state or federal laws or regulations) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in accordance with the applicable rules of the American Arbitration Association in the state where I am employed, or was last employed by FMG. The arbitrator shall be entitled to award reasonable attorney fees and costs to the prevailing party. The award shall be in writing, signed by the arbitrator, and shall provide the reasons for the award. Judgment upon the arbitrator's award may be filed in and enforced by any court having jurisdiction. I understand this agreement does not prevent me from filing a charge or claim with any governmental administrative agency as permitted by applicable law.

Initials

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING. I FURTHER UNDERSTAND THAT THIS AGREEMENT REQUIRES ME AND THE COMPANY TO ARBITRATE DISPUTES THAT ARISE OUT OF MY EMPLOYMENT OR APPLICATION FOR EMPLOYMENT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND AND AGREE TO THE SAME.

Printed Name of Applicant

Applicant's Signature

Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

First Imperial Trading Corp ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification.

A consumer report will be conducted by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821, 800-630-2880, www.peopleG2.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Print Legal Name _____

Date _____

Signature _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821, 800-630-2880, www.peopleG2.com and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature _____

Date _____

BACKGROUND INFORMATION

First _____ Middle _____ Last _____

Last Name as it appears on your License or ID Card _____

Other Names/Alias _____
(Full Legal Name)

Social Security # * _____ Date of Birth* _____

Drivers License # _____ State of Driver's License _____

Present Address _____

City/State/Zip _____

Phone Number _____

Email Address(s) _____
(List all current email addresses)

*This information will be used for background screening purposes only and will not be used as hiring criteria.