

Hall Brothers, Inc.
1196 E. Pony Express Hwy.
P.O. Box 166
Marysville, KS 66508

Telephone: 785-562-2386
Fax: 785-562-5543
www.hallbros.net

APPLICATION FOR EMPLOYMENT

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATIONS TO THE KNOWN DISABILITIES OF APPLICANTS AND TEAM MEMBERS, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THIS APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, religion, sex, national origin, age disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Date of application: _____ Position (s) applied for: _____

Referral Source: ___Advertisement ___Friend ___Relative ___Walk in ___Employment Agency ___Other

Name: _____ Social Security Number _____

Street Address: _____ City, State, Zip Code _____

Home Telephone: _____ Cell Telephone: _____ Email Address: _____

Have you ever filed an application at Hall Brothers, Inc. before? ___No ___Yes If yes, when? _____

Have you ever been employed at Hall Brothers, Inc. before? ___No ___Yes If yes, when? _____

Are you employed now? ___No ___Yes May we contact your present employer? ___No ___Yes

Are you 18 years of age or older? ___No ___Yes Date of Birth: _____

Are you prevented from being lawfully employed in this country ___No ___Yes If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof at the time you are interviewed, be prepared to assure us that you can do so upon being hired.

On what date would you be available for work? _____

Are you available to work ___Full time ___Part time ___Temporary

Are you currently on lay-off and subject to recall? ___No ___Yes

Have you been convicted of a felony within the last seven (7) years? No Yes (Conviction will not necessarily disqualify applicant from employment. The recentness, severity and pertinence of the conviction to the job will all be considered.)

If yes, please explain: _____

Veteran of the US Military Service? No Yes If yes, what Branch? _____

Drivers Questionnaire:

What type of license do you have? Non Commercial Operator Commercial Operator

License Number: _____ Expiration Date: _____ State: _____

Vehicles Driven: Tractor Trailer Truck Pickup Passenger

Name and addresses of your three latest Employers:

Employer: _____ Job Title: _____

Address: _____ Dates of employment: From _____ To _____

Telephone: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

Address: _____ Dates of employment: From _____ To _____

Telephone: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

Address: _____ Dates of employment: From _____ To _____

Telephone: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. Hall Brothers, Inc. may investigate all statements contained in the application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge (if hired), regardless of when discovered.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO BE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND HALL BROTHERS, INC. IS TERMINABLE AT WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I authorize Hall Brothers, Inc. to make a thorough investigation of my past employment and job related activities and I release from all liability which might result from making such investigation.

Additionally, I authorize Hall Brothers, Inc. to supply my employment record, in sole discretion, in whole or in part to any prospective employer, government agency, or other party, with interest that Hall Brothers, Inc. deems appropriate.

Signature of Applicant

Date

BACKGROUND CHECK DISCLOSURE

_____ (the "Company") may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes, to the maximum extent permitted by applicable law.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled A Summary of Your Rights Under the Fair Credit Reporting Act, as provided on subsequent pages.

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.

PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS.

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize the Company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand the Company may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

MASSACHUSETTS: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

WASHINGTON STATE: You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name:

Last Name _____ First _____ Middle _____

Signature _____

Date (Month/Day/Year)

If required, notarize here. When using an embossed seal,
please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires

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