

Application for Employment and Background Check (attach additional pages if necessary)



Holman's of Nevada Inc.

As part of the application process, Holman's of Nevada Inc. and NationsCheck Inc. may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE PRINT AND COMPLETE ALL SECTIONS WITHIN THIS APPLICATION. FAILURE TO COMPLETE ALL SECTIONS MAY RESULT IN A DELAY IN THE CONSIDERATION OR OF THIS APPLICATION				Today's Date	
Last Name		First Name		Middle Name	
Address				Location	
City				State	
Zip Code				Social Security Number	
Daytime Telephone ()		Home Telephone ()		Emergency Contact Name: Phone ()	
Position for which you are applying			Email Address:		
Date available for work:		Willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pay expected	
Do you understand the requirements of the position you are applying for: <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you perform the physical requirements with or without reasonable accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe any accommodations needed:	
Only those U.S. Citizens or Aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, provide documentation verifying your legal right to work in the United States and your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION & TRAINING

	SCHOOL NAME	ADDRESS CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?	DATE DEGREE EXPECTED
High School/GED Phone Number:	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
College Phone Number:	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
Graduate School Phone Number:	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
Other Training Phone:	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /

Holman's of Nevada Inc.
Please print and complete all sections of this application

List any other education, certifications or trade skills that you have which relate to this job.				
CDL License	License number and Endorsements	Issuing Agency	State Issued	Expiration Date
Driver License	License Number	Restrictions	State Issued	Expiration Date
Professional License/ MMD/ Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date

List all traffic violations in the past 7 years (attach additional pages if necessary)

Military Service:	Branch	Rank at Separation	Type of discharge
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Natl Guard or Reserve	<input type="checkbox"/> U.S. Army		<input type="checkbox"/> Honorable discharge
	<input type="checkbox"/> U.S. Navy	Date of separation	<input type="checkbox"/> General discharge
	<input type="checkbox"/> U.S. Air Force		<input type="checkbox"/> Other than honorable discharge
	<input type="checkbox"/> U.S Marines	DD-214 will be retrieved from National Personnel Records	<input type="checkbox"/> Bad conduct discharge
	<input type="checkbox"/> U.S. Coast Guard		<input type="checkbox"/> Dishonorable discharge

Employment History

Name of Employer (If placed by an "Employment Agency" insert that information here)		Type of Business	
Address	City	State	Zip Code
Dates Employed (from-to)		Title	
Name and Title of Supervisor		Telephone Number ()	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Brief Description of Duties			
Reason for Leaving		Last Salary \$	

Name of Employer (If placed by an "Employment Agency" insert that information here)		Type of Business	
Address	City	State	Zip Code
Dates Employed (from-to)		Title	
Name and Title of Supervisor		Telephone Number ()	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Brief Description of Duties			
Reason for Leaving		Last Salary \$	

Holman's of Nevada Inc.
Please print and complete all sections of this application

Name of Employer (If placed by an "Employment Agency" insert that information here)		Type of Business	
Address	City	State	Zip Code
Dates Employed (from-to)		Title	
Name and Title of Supervisor		Telephone Number ()	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Brief Description of Duties			
Reason for Leaving		Last Salary \$	

Professional References Only:

(List three professional references, in your field of work who have knowledge of your abilities)

NAME	ADDRESS / OCCUPATION / ASSOCIATION	TELEPHONE
1.		()
2.		()
3.		()

NAME INFORMATION

Please include any other names you may have used in your past, including all aliases, maiden name and married names.

CRIMINAL RECORD INFORMATION

All Applicants: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

During the past seven years, have you been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)

If Yes, explain: _____

Yes
 No

In your lifetime have you ever been convicted of a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)

If yes, describe: _____

Yes
 No

Have you been arrested and awaiting trial (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)

If yes, describe: _____

Yes
 No

PREVIOUS ADDRESS (Please list all residences for the past 10 years)

Holman's of Nevada Inc.
Please print and complete all sections of this application

ADDRESS	CITY/STATE/ZIP CODE	DATES FROM / TO
1.		to
2.		to
3.		to
4.		to

AGREEMENT (Please read the following statement carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Due to the nature of the work performed at Holman's of Nevada Inc. and the company's concern for the health and safety of our employees it is the policy of Holman's of Nevada Inc. not to hire persons who use illegal drugs, I understand that I may be required to submit to drug and/or alcohol testing at the time of hiring and from time to time and under suspected reasonable suspicion and return to work. I agree to consent to such testing as may be required by the company as a term and condition of employment. I further authorize the release of the results of such tests to the company

I authorize all persons listed above (and on the accompanying resume, if any) to Holman's of Nevada Inc. and NationsCheck Inc. any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Holman's of Nevada Inc. and NationsCheck Inc., from liability for any damage that may result from furnishing same to Holman's of Nevada Inc. and NationsCheck Inc.

I understand that Holman's of Nevada Inc. and NationsCheck Inc., may obtain a consumer and/or investigative consumer report for employment purposes that may include information as to my character, general reputation, personal characteristics, and mode of living, work experience and performance, along with reasons for termination of past employment. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Holman's of Nevada Inc. and NationsCheck Inc., as part of the pre-employment background investigation, and if hired, at any time during my employment. I further release Holman's of Nevada Inc. and NationsCheck Inc., from all liability in connection with any consumer report performed.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result Holman's of Nevada Inc. and NationsCheck Inc., for its use. I understand that any positive drug or alcohol result may preclude my employment.

I agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to (only drug screens will be administered pre-employment), or during my employment in accordance with applicable law, and I further understand and consent to the results of said tests being communicated to **NationsCheck Inc. and Holman's of Nevada Inc.** I further understand that no one, other than the President or his appointed representative of **Holman's of Nevada Inc** in writing has the authority to enter into an employment agreement with me that differs from that which is outlined here, and that if I should become employed by **Holman's of Nevada Inc.** that employment relationship is "at will" and can be terminated by either party without cause unless prohibited by state law.

Signature	Date
-----------	------



DISCLOSURE AND AUTHORIZATION

I hereby authorize NationsCheck Inc and/or any entity directed by Holman's of Nevada Inc. to obtain a consumer report for employment purposes. A "consumer report" includes any information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand this consumer report may include inquiries regarding my work history; personal financial status and credit history; court records, including criminal conviction record, as permitted by law, driving history; and references obtained from professional and personal associates, and drug & alcohol testing. I further understand and agree that a consumer report may be obtained at any time, and any number of times, as Holman's of Nevada Inc. in its sole discretion determines is necessary before, during or after my employment.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to NationsCheck Inc. to obtain information for Holman's of Nevada Inc. I further fully release NationsCheck Inc and Holman's of Nevada Inc., its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation, including but not limited to investigators, credit agencies and those companies or individuals who provide information to NationsCheck Inc. and Holman's of Nevada Inc. concerning me, from any claims or actions for any liability whatsoever related to the process or results of the background investigation.

I understand I can receive a free copy of any credit report requested by Holman's of Nevada Inc. about me by requesting in writing by completed the form. "The Fair Credit Reporting Act Release of Consumer Report and forwarding to NationsCheck Inc. I understand that an offer of employment is contingent upon the outcome of my background check, and that this "Disclosure Authorization" is not an offer for employment by Holman's of Nevada Inc. or a contract for employment with Holman's of Nevada Inc. I further understand Holman's of Nevada Inc., operates under an AT-WILL EMPLOYMENT POLICY and this Authorization does not alter or affect that policy in any manner whatsoever unless prohibited by state law.

I have received and read the "Disclosure" regarding Holman's of Nevada Inc. right to procure a consumer report. (This information will only be used to obtain background information)

Date	Applicant Signature	Social Security Number or National ID # and Issuing Country	<input type="checkbox"/>	<input type="checkbox"/>
			Green Card	Work Permit
			<input type="checkbox"/>	<input type="checkbox"/>
			Male	Female
<input type="checkbox"/>	<input type="checkbox"/>	State and date of expiration	Date of birth	Race
Drivers license	State ID		Sex	

Some information is requested for criminal records only, NationsCheck Inc. use is for obtaining law enforcement records only.

I certify that I have received a copy of: A "Summary of Your Rights" under the Fair Credit Reporting Act.

Date	Name (Signature)
------	------------------

Holman's of Nevada Inc: certifies an authorized representative of Holman's of Nevada Inc. has verified the applicant's identity. This certification is applicable for background checks, drug and or alcohol testing, credit worthiness and driving record.

Date	Authorized Representative
------	---------------------------

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **less than 62 years** ago and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **must provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death; funeral director's signed statement of death, or verdict of coroner's jury.**

b. **Fees for records:** There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 or more years** ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers	7	
	Former National Guard/USAR personnel	14	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTARA) 18420 E. Silver Creek Ave. Bldg. 390 MS 68 Bucklev AFB, CO 80011	7	US Army Human Resources Command ATTN: AHRC-PDR-V 1600 Spearhead Division Ave., Dept 420 Fort Knox, KY 40122-5402 askhrc.army@us.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (PSD-MR) MS7200 US Coast Guard 4200 Wilson Blvd., Suite 1100 Arlington, VA 29598-7200 http://uscg.mil/psc/adm	8	<i>Reserved.</i>	13	<i>Reserved.</i>
4	Headquarters U.S. Marine Corps Manpower Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	<i>Reserved.</i>	14	National Personnel Records Center (Military Personnel Records) 1 Archives Dr. St. Louis, MO 63138-1002
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		eVetRecs! http://www.archives.gov/veterans/military-service-records/