

HISTORIAL DE EMPLEO	NOMBRE DE LA COMPAÑIA		TIPO DE NEGOCIO		
	Dirección: Calle _____		Ciudad _____	Estado _____	Código Postal _____
	Numero de Teléfono _____		Nombre del Supervisor: _____	El despido fue: <input type="checkbox"/> Voluntario <input type="checkbox"/> Involuntario	
	Su Posición y Funciones: _____			Fecha de Empleo Desde _____ Hasta _____	
	Motivo por el cual dejo el trabajo: _____			Salario final: _____	

EDUCACION Y EXPERIENCIA	EDUCACION	Nombre de Escuela y Lugar	Titulo o Diploma	¿Se Graduó? <input type="checkbox"/> SI <input type="checkbox"/> NO
	Escuela Secundaria	_____	_____	<input type="checkbox"/> SI <input type="checkbox"/> NO
	Preparatoria	_____	_____	<input type="checkbox"/> SI <input type="checkbox"/> NO
	Universidad	_____	_____	<input type="checkbox"/> SI <input type="checkbox"/> NO
	Escuela Vocacional/ Professional	_____	_____	<input type="checkbox"/> SI <input type="checkbox"/> NO
¿Usted hable, escribe o entiende otro idioma? En caso afirmativo, indique el idioma(s): _____				<input type="checkbox"/> SI <input type="checkbox"/> NO
Por favor escriba las certificaciones, habilidades, capacitación, experiencia, y calificaciones que usted piensa que lo califican para el puesto que usted esta solicitando en nuestra compañía. _____ _____				

¿Alguna vez, con este nombre o con otro nombre, ha sido condenado por un delito mayor o un delito menor? SI NO

¿Alguna vez, con este nombre o con otro nombre, ha sido condenado por un crimen cuyo resultado fue la prisión? SI NO

En caso afirmativo, explique cada condena en detalle, cuando, donde y por que fue condenado y la resolución del caso.

FIRMA	Yo certifico que toda la información proporcionada por me en esta solicitud s verdadera y correcta.	
	FIRMA: _____	FECHA: _____
	NOMBRE (en mayúsculas): _____	

USO DE OFICINA
Date sent for Testing: _____ Results of Testing: _____ Initials: _____
Safety Orientation Date: _____ Safety Orientation Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO



CONDITIONAL OFFER OF EMPLOYMENT

If you are interviewed and selected we will make you a conditional offer of employment. A conditional offer means that we would like to offer you an opportunity to work with us subject to the following terms and conditions. This means that before you can start work you must first successfully complete the following steps of our pre-employment process:

The following requirements must be met:

- Evidence of eligibility to work in the U.S. which includes successful verification through E-Verify with the U.S. Social Security Administration.
- Pre- Employment Negative Drug Screen Results

The following criteria are used to evaluate potential Company Drivers:

- Favorable MVR report is preferred: *CDL records will be verified prior to hire for anyone applying for a CDL driving position. The information contained in the driving records will be used to determine suitability for employment. NAPCO reserves the right to disqualify any applicant for any driving position that has any major moving violations such as driving under the influence, hit and run, exceeding the speed limit by 15 mph or greater, or at-fault crashes within the past 36 months.*
- Negative Results for a Regulated DOT Drug Screen is required.

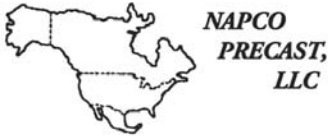
Please be aware that this offer does not constitute a guarantee or contract of employment. Accordingly, you or we may terminate the selection process at any time for any reason.

This offer is contingent upon a satisfactory outcome of the employment screening activities including employment eligibility verification, pre-employment drug screen and MVR check if applying for a CDL position which will include a Regulated DOT Drug Screen. If NAPCO determines through this screening that satisfactory results have not been obtained, or that your stated qualifications or credentials are not confirmed, this conditional offer of employment is void, and you will not be employed by NAPCO.

Your signature below indicates that you understand NAPCO's Pre-Employment screening process.

NAME/SIGNATURE

DATE



DRUG TEST CONSENT FORM

NOTICE AND AUTHORIZATION FOR JOB APPLICANT DRUG TESTING

As a matter of NAPCO's Drug and Alcohol Policy and to help ensure a safe work environment free of the use of illegal drugs that may impair your ability to perform the essential functions of the position, NAPCO screens job applicants for the presence of illegal drugs. Applicants refusing to take a pre-employment drug test will not be considered for employment at NAPCO. Furthermore, positive test findings will result in any offer of employment being withdrawn.

A positive test result will disqualify you from employment or consideration from employment with NAPCO for a period of twelve (12) months, from the date the notice of the positive result was received.

Submitting an altered urine sample will be treated as a positive test result.

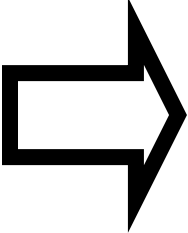
CONSENT AGREEMENT AND RELEASE OF LIABILITY

I have read, understand, agree, and consent to Drug Testing according to company policy as stated above.

I AUTHORIZE NAPCO, its physician(s), nurses, technicians or agents to collect a specimen(s) of my urine for chemical analysis.

I UNDERSTAND that decisions regarding my application for employment with NAPCO, will be made from the result of this test.

I CONSENT to this test for drugs and alcohol and authorize the attending physician and testing laboratory to provide test results to NAPCO. In consideration for your review of my application, I hereby release NAPCO, its affiliates, agents and employees from any liability resulting from employment decisions made from the results of this test.



NOTE: The cost of the pre employment drug test is \$25.00 and must be paid for up front and upon confirmation of negative drug test results **AND** after a full 40 hours of work you will be reimbursed the \$25.00. If your test comes back positive we **WILL NOT** reimburse the \$25.00 and we **WILL NOT** reimburse the cost of the drug test if you fail to show up for work as scheduled. Your signature below indicates you agree to pay this amount.

Applicant's Signature

Date

Social Security Number

Print Name