

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE/OTHER				

WORK EXPERIENCE

Provide the following information of your past and current employers, starting with the most recent.

Employer (Address and Phone Number)	Dates Employed From To	Job Duties
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Comments: Include explanation of any gaps in employment: _____

GENERAL INFORMATION

Describe any specialized training, apprenticeship and/or skills that may qualify you as being able to perform job-related functions in the position for which you are applying.

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members.

NAME	PHONE NUMBER	OCCUPATION	YEARS KNOWN

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime, other than a minor traffic violation?

If so please provide dates and details: _____

Note: A prior conviction will not necessarily keep you from employment, however the type of conviction and when it occurred will be considered..

In case of Emergency Notify: Name: _____ Phone: _____

CERTIFICATION

I certify that the information in this application is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice and that, absent a written contract signed by the President of the company, I will remain an at-will employee and can be terminated at any time without any notice.

I authorize investigation of the statements contained herein and the references listed above. I have given or hereby agree to give you any and all information concerning my previous employment and any pertinent information that references may have, personal or otherwise, and I hereby release all parties from any liability for any damage that may result from furnishing same to you.

I understand that if the company decides to engage an investigative consumer reporting agency to report on my credit and personal history, the company will provide me, at my written request, with the name and address of the agency so that I can obtain from them the nature and substance of the information contained in the report.

Name: _____ Date: _____

DRUG AND ALCOHOL TESTING

This is a drug and alcohol free workplace. As a prerequisite to my employment, I agree to a drug and alcohol screening test. I also understand that if employed, compliance with the Drug and Alcohol Policy will be required.

Name: _____ Date: _____

RELEASE AUTHORIZATION
Applicant Complete the Following

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. Minnesota and California applicants only. If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by OVERLAND CORPORATION, or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Please print your full name

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL,AR,FL,GA,IA,IN,OR,TX WI

- Male Female
- Asian Black Hispanic White Indian
- Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Date

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of the dispute. In addition, once you’ve notified the source of the error

in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or perspective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You must seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:

CRAs, creditors and others not listed below

National banks, federal branches/ agencies of foreign banks (word “National” or “N.A.” appear in or after bank’s name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word “federal” or initials “F.S.B.” appear in federal institution’s name).

Federal credit unions (words “Federal Credit Union” appear in institution’s name).

Banks that are state-chartered or are not Federal Reserve System members.

Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

Please Contact:

Federal Trade Commission
Bureau of Consumer Protection FCRA
Washington, DC 20580 202-326-3761

Office of comptroller of the Currency
Compliance Management, MS 6-6
Washington, DC 20551 800-613-6743

Federal Reserve Board
Consumer & Community Affairs
Washington, DC 20551 202-452-3693

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 202-452-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 703-518-6360

Federal Deposit Insurance Corporation
Compliance & Consumer Affairs
Washington, DC 20429 800-934-FDIC

Department of Transportation
Office of Financial Management
Washington, DC 20590 202-366-1306

Department of Agriculture
Office of Deputy Administrator-GIPSA
Washington, DC 20205 202-720-7051

ADDITIONAL APPLICANT DATA INFORMATION

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age material or veteran status, medical condition or disability, or any other legally protected status.

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you also fill out this sheet.

This data is for periodic government reporting and will be kept in a confidential file separate from your Application for Employment. YOUR COOPERATION IS VOLUNTARY. IF YOU ARE OFFERED EMPLOYMENT, THIS INFORMATION WILL BE USED FOR GOVERNMENTAL REPORTING PURPOSES.

(PLEASE PRINT)

Name: _____ Phone: _____
Last First MI

SSN: _____

Address: _____
Street City State Zip

Position(s) Applied For: _____ Date: _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other

Check One _____ Male _____ Female _____

Check One _____ White _____ Black _____ Hispanic
_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Other Disabled Individual

Spouse Name _____ Phone: _____
Last First MI

(if no spouse, check here _____

Check One _____ Male _____ Female _____

Check One _____ White _____ Black _____ Hispanic _____
_____ American Indian/Alaskan Native _____ Asian/Pacific Islander _____

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Other Disabled Individual