



Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State			ZIP
Phone			E-mail Address			
Date Available			Social Security No.			Desired Salary
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION

High School				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date



DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

EASTERN Energy Services, Inc. ("The Company") may request an investigative consumer report about you from a third- party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews. The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

EASTERN Energy Services, Inc. ("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" which may include information about your character, general reputation, personal characteristics, and/or mode of living. 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.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the above 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 EASTERN Energy Services, Inc. (the "Company") 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 all background information requested by DISA Global Solutions, Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 800-752-6432, www.disa.com, and/or Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Please provide recent County / Parish in which you have resided within the previous 7 years.

FROM:	TO:	COUNTY / PARISH:	STATE:
FROM:	TO:	COUNTY / PARISH:	STATE:
FROM:	TO:	COUNTY / PARISH:	STATE:

Printed Name: _____

Signature: _____ Date: _____



UNIVERSAL MEMBERSHIP APPLICATION

DISA Contractors Consortium, 10900 Corporate Centre Dr., Ste. 250, Houston, TX 77041

Employee\Donor Information

Last Name _____	First Name _____	Middle Name _____
Social Security Number _____	Home Phone Number _____	
Location\Cost Center Code _____	Collection Site Code _____	Client Name _____

Employee Signed Consent:

Signature

Date Signed:

I have received and/or reviewed a copy of the DISA Contractors Consortium Substance Abuse policy and/or North American Substance Abuse Program Policy and/or the Hair Testing Substance Abuse Program. I apply for membership in the DISA Contractor Consortium (DCC) and/or North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all DCC and/or NASAP policies and/or Hair Testing Substance Abuse Program, rules and regulations. I authorize the DCC to release my drug and/or alcohol test results to the Company Member for which I worked at the time I was tested and/or the Company Member which required me to take a post-offer of employment drug and/or alcohol test. I also authorize the DCC to release information about my status in the DCC to those Companies on whose premises I seek to work or am currently working. I also authorize the DCC to release DCC Status, test results, and other program activity to the North American Contractors Safety Council through the NASAP with the understanding that this status may be shared with those companies participating in the NASAP. This release expires five years after the latest date on which I was no longer an "active" member of the Consortium. I understand that I have a right to receive a copy of this authorization.

THIS FORM MUST BE SIGNED BY THE APPLICANT PRIOR TO BEING PROCESSED.