

PREVIOUS EMPLOYER	Telephone Number	Position Held	
Address	Dates Employed		
	From	To	
Supervisor's Name & Title	Starting Pay	Final Pay	
Job Duties	Reason For Leaving		

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May we contact your current employer? Yes No _____
 (Additional information, if desired)

EDUCATION

School Name (most recent first)	Location	Graduated		Degree Type
		Yes	No	
High School				
Special skills, qualifications & trainings:				

Except for minor traffic offenses, have you ever been convicted of a crime? Yes No
 (A conviction will not necessarily disqualify you from employment.) If so, please explain: _____

~ I certify that the facts and information in this application and in any attachments/supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

~ I understand that any offer of employment is conditioned upon the satisfactory completion of a verification/background process, a clean urinalysis and/or blood tests for the presence of drugs and alcohol and with the understanding that Sunshine Minting Inc. (SMI) will only hire those individuals who are legally authorized to work in the United States and present acceptable proof of their lawful employment status and identity.

~ I authorize release of the results to SMI for the urinalysis and/or blood tests for the presence of drugs and alcohol in order to evaluate suitable employment and I release SMI from any and all incidents associated with the testing.

~ I authorize the investigation of all matters which SMI deems relevant to my qualifications, including employers, schools or named persons to provide information regarding my employment, education, separation or dismissal. I authorize SMI to request and receive such information. I release any persons or employers from liability for supplying this information and I release SMI from all liability, which might result from the investigation.

~ I also understand and agree that if hired, my employment is for no definite period of time and either SMI or I may terminate our relationship at any time, without notice or for any reason, and that this employment application does not constitute an employment agreement.

I have read, reviewed and agree with the information provided in this application and the preceding statements.

Signature

Date



APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ hereby authorize Pinnacle Investigations, its employees, agents, professional investigators, or any representative of the above named company, to perform investigations into my background, past behavior, character, and reputation.

Investigative reports may include criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of the Company named above. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment.

EDUCATION - I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

EMPLOYMENT – I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

CREDIT – I authorize the above company to obtain a credit report on me and understand that if I am denied due to credit, I can, according to the Fair Credit Reporting Act, get a copy of my credit report from the credit wholesaler.

I understand that the information requested is for the use by the Company named above and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) Any adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing within five days of receipt of my request for said report.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

Applicant Name (Printed)

Date of Birth

Social Security Number

Applicant Signature

Date