



**Employment History**

List your past employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gap in employment in the comments section below. Attach separate sheet if necessary.

Current Employer	Telephone Number	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address		Starting Salary	
Immediate Supervisor and Title		Final Salary	
Reason for Leaving		May We Contact Yes No	
Current Employer	Telephone Number	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address		Starting Salary	
Immediate Supervisor and Title		Final Salary	
Reason for Leaving		May We Contact Yes No	
Current Employer	Telephone Number	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address		Starting Salary	
Immediate Supervisor and Title		Final Salary	
Reason for Leaving		May We Contact Yes No	
Current Employer	Telephone Number	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address		Starting Salary	
Immediate Supervisor and Title		Final Salary	
Reason for Leaving		May We Contact Yes No	

Include other jobs on a separate sheet  
 Comments (including explanation of any gaps in employment): \_\_\_\_\_

**References**

List name and phone number of (2) business references and (1) personal reference. All references should not be related to you and not be previous supervisors.

Name	Phone Number at Work	Phone Number at Home
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INQUIRY RELEASE**

In connection with my application with Nannicola Inc., I understand that investigative background inquiries may be made on myself including but not limited to previous employer verifications, education verifications, consumer credit reports, criminal convictions or history, motor vehicle reports, Social Security trace reports, and other reports. These reports may include reasons for terminations of past employment from previous employers. Further, I understand that Nannicola Inc. and/or its authorized agent may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences, and may include information involving me in the files of insurance companies.

I hereby authorize, without reservation, any party or agency contracted by Nannicola Inc., and their employees or assigns from any and all claims, actions, suits, agreements, or liabilities arising from the release of said information to the company or any authorized agent thereof.

I am entitled to receive a free copy of my report before any adverse decision of possible employment is made because of information obtained within my report.

I also am entitled to receive a copy of my credit report. I hereby:

- Request a copy of my credit report
- Wave my right to receive a copy of my credit report.

I have read and understand the above notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_



notice. The inspection can be done in person if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer credit reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

**Massachusetts Applicants only:** The specific nature and scope of the investigation involving personal interviews includes: \_\_\_\_\_ . I also understand that before or in the event I am denied employment based, in whole or in part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my applicable state rights.

**Minnesota applicants only:** I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed. I also have the right, upon my direct request to the consumer reporting agency, to obtain a complete and accurate disclosure of the nature and scope of the consumer report. The disclosure obtained from the consumer reporting agency must be in writing and mailed or delivered to me within five days after the request for the disclosure was received or the consumer report was requested, whichever is later.

**New Jersey applicants only:** The specific nature and scope of the investigation involving personal interviews includes: \_\_\_\_\_ .

**Oklahoma applicants only:** I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed.

**Washington applicants only:** I also understand that before or in the event I am denied employment based, in whole or in part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my applicable state rights.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**For Worksite Employer Use Only**

Position offered: \_\_\_\_\_

First Check

Credit

Motor Vehicle

Driver's License#: \_\_\_\_\_ State Issued: \_\_\_\_\_

CrimLink

State Criminal

State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_

County Criminal

County Name: \_\_\_\_\_ State: \_\_\_\_\_

Federal Criminal

Employment

Please include a copy of the application or resume for this information

(Verify applicant consent above)

Education

Please include a copy of the application or resume for this information

Government Registries

Sex Offender Registry

State(s): \_\_\_\_\_

OIG/GSA

Government Sanctions Registry

Please return completed results via e-mail: \_\_\_\_\_ Or by Secure Fax to # \_\_\_\_\_

For Processing, please fax this form to the ADP TOTALSOURCE SHARED SERVICE CENTER AT 866-580-3238 or e-mail to TOTALSOURCE\_SSC@adp.com

Phone: 866-400-6011, option 1

**For ADP TotalSource Use Only**

Date Form Was Received: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_