

South Carolina
Branch Office Location

Tier Requirements

Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC an agent of MA Engineering Corp. Inc. to make a thorough check of my past Employment, Education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify MA Engineering Corp. Inc. and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

EMPLOYEE/APPLICANT

_____ Last Name	_____ First Name	_____ Middle	_____ Social Security Number	_____ Date of Birth mm/dd
_____ Other Name(s) Maiden/Married		_____ Driver's License Number		_____ State

RESIDENCES (Starting with current)			
_____ Street Address	_____ City/State	_____ Zip	_____ How Long?
_____ Street Address	_____ City/State	_____ Zip	_____ How Long?

CURRENT EMPLOYER	CITY/STATE/ZIP	PHONE #	POSITION	MAY WE CONTACT CURRENT EMPLOYER?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYMENT	CITY/STATE/ZIP	PHONE #	POSITION	DATE OF EMP.

SCHOOL(S) ATTENDED	NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	YEAR GRADUATED
High School			Not applicable	Not applicable
College				
Other				

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth ____/____/____	Race _____	Sex _____	Telephone (____) _____
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Signature

Date Signed

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold MA ENGINEERING CONSULTANTS, INC., any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

Drug Testing Consent Form

I have applied for employment with MA ENGINEERING CONSULTANTS, INC. in a position that requires me to operate an automobile or truck. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by MA ENGINEERING CONSULTANTS, INC.

I hereby authorize any physician, laboratory, hospital or medical professional retained by MA ENGINEERING CONSULTANTS, INC. for screening purposes to conduct such screening and to provide the results to MA ENGINEERING CONSULTANTS, INC., and I release MA ENGINEERING CONSULTANTS, INC. and any person affiliated with MA ENGINEERING CONSULTANTS, INC. and any such institution or person conducting the screening, from liability therefore.

Applicant's signature: _____

Applicant's name: _____

Date: _____

Motor Vehicle Record Disclosure and Release

In connection with my ongoing employment or my application for employment, should I have or secure a position with M A Engineering Consultants, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to M A Engineering Consultants or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. M A Engineering Consultants's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.

Full Legal Name (include middle initial)

Social Security Number

Drivers License Number/State

Date of Birth

Signature

Date