Entire packet must be completed and attach a copy of your drivers license and social security card.

Email completed forms to Rob Reckert at rreckert@kmlcarpenters.org

Or fax to: 301-724-5576

Rob can be contacted at: 301-338-3392

CONFIDENTIAL

Background Check Authorization

Print Name:					
(First)	(№	Aiddle)	(Last)		· · · · · · · · · · · · · · · · · · ·
Former Name(s) and Da	tes Used:				
Current Address Since:					
Previous Address From:	(Moryi) (S	treet)		(City)	(Zip/State
	(Mo/Yr) (St		*	(City)	(Zip/State
Previous Address From:					
	(Morri) (SI	reet)		(City)	(Zip/State
Social Security Number:				DOB:	
Telephone Number:					
Drivers License Number/S	State:				
The information contained in hereby authorize Easley representatives to conduct and/or an investigative consumderstand that the scope of imited to the following areas esidences; employment his triminal history records from triving records, birth records, further authorize any individual company, firm, conceived from other sources, and representatives shall manner in order to protect the ocial security numbers, and of	a comprehence of the consumer report the consumer verification tory, education, education and any office of the complete or portaining the complete or portaining the complete or portain all in applicants	ensive revier to be generated	w of my backgro rated for employm vestigative consu- curity number; or ound, character re- ncy in any or all foords. reporation, or publicable & Rivers any records or gency may have, received from thi	and its design a count causing a tent and/or volun mer report may in redit reports, curreferences; drug the derail, state, counties agency to divide to include informand its design and its design.	teer purposes. nclude, but is not ent and previous testing, civil and inty jurisdictions; ulge any and all or its or me which the rmation or data signated agents in a confidential
ianaluzo:		v		Dotor	

JD Palatine, LLC	Consent & Disclosure Form (Database and Investigative Consumer Report) 15 U. S. C. \$1681b, 1681d and 1681k
Applicant's First Name	Last Name
tenancy with Mascaro Construinformation: names and dates of education, accidents, licensure, information such as, but not limbankruptcy proceedings, crimina records. Public records will include	ion for employment (including contract for services or volunteer services) of action Company, LP. These reports may include the following types of previous employers, reason for termination of employment, work experience credit, etc. I further understand that such reports may contain public recordited to: my driving record, workers' compensation claims, credit, judgments all records, etc., from federal, state and other agencies which maintain such ade records obtained from commercial databases.
In addition, investigative consum past or current associates of mir reputation and personal character.	er reports gathered from personal interviews with former employers and other te to gather information regarding my work performance, character, general istics may be obtained.
I AUTHORIZE, WITHOUT R CONSUMER REPORTING AC	RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE SENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.
Pittsburgh, PA 15237, upon proper files on me at the time of my requirement provide a complete and accurate investigative consumer report(s); furnished within the two year perincequest (California three years). I) I agree that such information which	to the consumer reporting agency: J.D. Palatine, LLC, 8953 Harmony Drive, er identification, to request the nature and substance of all information in its test, including the sources of information and the agency, on our behalf, will e disclosure of the nature and scope of the investigation covered by the and the recipients of any reports on me which the agency has previously od for employment requests, and one year for other purposes preceding my hereby consent to your obtaining the above information from the agency; and he the agency has or obtains, and my employment or tenant history with you, may for release to other companies which subscribe to the agency's services.
contracted), this authorization shall	of consumer report(s) and investigative consumer report(s). If hired (or l remain on file and shall serve as ongoing authorization for you to procure my employment (or contract) period.
☐ California, Minnesota and consumer report ordered on you.	Oklahoma Applicants only: Check box if you request a copy of any
I acknowledge that I have been prov	ided a copy of consumer's rights under the Fair Credit Reporting Act.

JĎ Palatine, LLC

j		,		T			.,_			ن		,				<u> </u>																
			L								أيني										1					1					T	T
Fire	st Nar	пė																				*,-**		Мі	ddle	Na	me	or Ir	iltial	i I		
					Ī	T	T	T	T	T				7		1		-		1	1	\neg			j_	T	1	\exists	-	Γ	Г	T
Las	t Nam	ne .	-			! -	I,	-!		<u>-</u>	<u> </u>	٠ب	Ļ <u>.</u>	۰۱	_1_						<u> </u>		j	חב	<u></u>	<u>. </u>	ـــــــــــــــــــــــــــــــــــــ					Ļ
	1	_			<u> </u>	·	1	1	.	_	-			_			-	ſ			7			Ua.	18 0	i Dii	-ψι (MMC	יזטונ	ניויו	,	
جة.		لـــــــــــــــــــــــــــــــــــــ			Ļ						.].			<u> </u>	<u></u>	\bot	1	\perp		<u> </u>	1								-			
Oth	er Ne	mes	Kno	wn B	Y																				•		М	ale		Fŧ	ma	6
	à								7							T					T	7										
Soci	al Sed	curit	y Nu	mbe	r				~	Pri	mei	уT	eler	han	e Ni	ımbı '	: :				J	اب										
	T	\neg		7	1			[T	Τ	1	Ť	·		Ī	Τ	7	T	1]	1	1	1		1	Г	-	7	•		
Curre	ent Ar	dre	L		. <u></u>			<u> </u>		1	1	-			<u></u>	1	_				<u> </u>	1					L	1.	_			
92									,	· V	.,						-						A	et #	ŧ.		#yr	s at	this	add	ress	
		1				\perp												L										T	T	T		
City																	,	Sta	ate			Zlp	Co	de								
		T									<u> </u>	T	T	T				T	T	Ï		-		T	1	Ì		-	7			
Previo	us Ac	ddre	\$ 5							,,,								٠		!			المار Ab	 t <i>#</i>	انب	.#	vrs	at ti	j nis s	iddri	see	
	-	T	7	T	1	7	7	7				Ť	T	7	7				T	7	ſ			1	7		, -	-, ,	1	T		7
	٠Ļ.											L		L	_1			<u>L</u>		_];					1	\perp				L		
City			٠															Sta	le		7	Zip (Çod	ę								
						T			T				T	7	T				Ī	1												
Oriver'	s Lice	пѕе	Num	ber i	(no c	iash	es)					V.7.7		7.5				Lice	nse	ب. Sta	te											
	T .	T	7	1.	T	1	1	T		T	1	÷	Τ	1	\overline{T}	\neg				1	7	7	· · ·	j –	-j-	-	-	-1			r	7.
Emall A	ddres				<u>.l</u>	1	<u> </u>	!_			لِـــا		1							1.				<u>. </u>	1	_[1					
				<u></u>	· · · · ·			٠					 -			<u></u>		÷		·	·											
	<u> </u>						<u></u> -							, .											a a siri						·	1
Ignatui	re				,					<i>-</i>												7	٠		<u> </u>							اب

· Para informacion en espanol, visite www.ftc.gov/credit o escribe à la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - · you are the victim of identify theft and place a fraud alert in your file;
 - · your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upc request from each nationwide credit bureau and from nationwide specialty consumer reporting agencie See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
 - Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

122.103 39 FCRA Summary of Rights 7/18/2009



EMPLOYEE DISCLOSURE AND AUTHORIZATION RELEASE FORM

In connection with my application for employment (including contract or volunteer services) for Mosites Construction Company. I understand consumer reports will be requested by Mosites Construction Company. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, public internet information, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service. (NOTE: The foregoing sentence is not applicable in those states where separate releases are required each time a report is ordered, e.g., California).

Authorization: I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Mosites Construction Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Mosites Construction Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency. InstantCriminalChecks.com by Screening Intelligence LLC, 75 Arlington Street, Suite 500, Boston, MA 02116, Phone: 877-732-3436, upon proper identification, to obtain copies of any reports furnished to Mosites Construction Company by the Agency and to request the nature and substance of all Information in its files on me at the time of my request, including the sources of information, and the Agency, on Mosites Construction Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Mosites Construction Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. Agency's privacy policy: http://www.instantcriminalchecks.com/background-check-privacy-policy/

In connection with my application for employment, I dir Yes, my current employer may be contacted	ect the following regarding my currer No, my current employer	nt employer: (please check one). cannot be contacted
I understand that I have rights under the Fair Credit Re	porting Act, and I acknowledge recei	ipt of the Summary of Rights (initial
Print Full Name (First, Middle, Last)	Signature	Date
For Identification purposes:	Date of Birth	SSN
-	State of Residence	County of Residence

Updated: 07/01/2016



Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and immigration Services

The second secon

USCIS Form 1-9 OMB No. 1615-0047 Expires 03/31/2016

ere y a contractor and a second electric START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusel to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Last Name (Family Name)	First Name (Giyen Name	e) Midd	ile inilial Othe	Names	Used (I	f anvi
				(1100		0//
Address (Street Number and Name)	Apl. Number	City of Town		Sta	ete	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Social Sec	curity Number E-mail Addres			<u> </u>	Teleph	one Number
am aware that federal law provides fo onnection with the completion of this	or imprisonment and/or fi	nes for false state	ments or us	e of fal	ee doçi	umente in
attest, under penalty of perjury, that i] A cilizen of the United States		lowing):		:		<i>:</i>
A noncilizen national of the United St	ales (See instructions)					
A lawful permanent resident (Allen Re		Yumber):				F .
An allen authorized to work until (expiration (See instructions)				llens me	— y write "	N/A" In this field
For allens authorized to work, provide	your Allen Registration Nur	nber/USCIS Numb	er OR Form I	.94 Adn	nleelon .	Number
1. Allen Registration Number/USCIS N	umber:			سخار سجار	nooron i	ivumoon.
OR				, ni		D Barcode rite in This Spa
2. Form I-94 Admission Number:				1-	z nyi m	me ni cina Abb
If you obtained your admission numb States, include the following:	er from CBP in connection	with your arrival in	the United			
Foreign Passport Number;				L		
. Country of Issuance:						
Some allens may write "N/A" on the Fi				ee instr	uctions)	
ture of Employee;			Date (mm		<u>-</u>	<u></u>
arer and/or Translator Certificatio	on (To be completed and si	gned if Section 1 is	prepared by	a perso	n olher	then the
t, under penalty of perjury, that I hav ation is true and correct.	e assisted in the completi	on of this form ar	d that to the	besto	my kn	owledge the
re of Preparer or Translator:				Date (mm/dd/yy	(77):
me (Family Name)		First Name (Giv	en Name)	<u> </u>		
(Street Number and Name)	City or	Town		State	Zip Co	de .
	[ſ		1	

Section 2. Employer or Authorized Representative Review and Verification

(Employers of their suthorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically exemine one document from Ust A OR exemine a combination of one document from Ust B and one document from List C as listed on the "Usis of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document little, issuing authority, document number, and expiration date, if any.)

List A Identily and Employment Authorization	OR	List B identity		AND	Employ	List C yment Authorization
Document Tite:	Document	Tille:		Doo	umeni Tille:	
leaulng Authority:	Issuing Au	ihorityi		Issu	ing Authority:	······································
Document Number:	Document	Number:		Door	ument Numbe	r.
Expiretion Date (il any)(mm/dd/yyyy);	Expiration	Date (If any)(mm/o	<i>ἀγγγγ)</i> :	Ехрі	ation Date (//	eny)(mm/dd/yyyy):
Document Tive:	┨}					<u> </u>
].]					
asuing Atthority:					-	•
Document Number:	11			•		
xpiretion Date (# any)(mm/dd/yyyy):	{					
ocument Title:					ום	3-D Barcode o Not Write in This Spa
siulng Authority:					}	
ocument Number:	,					
xpiration Date (il any)(mmkld/yyyy):	.]				·	
ertification ttest, under penalty of perjury, that (1) I ove-listed document(s) appear to be get	nuine and to	ed the docume	nt(s) pre:	sented by the	above-nam	ed employee, (2) the t of my knowledge th
ertification ttest, under penalty of perjury, that (1) is ove-listed document(s) appear to be get ployee is suthorized to work in the Unit	nuine and to ed States.	relate to the em	iployee r	named, and (3)	to the best	of my knowledge th
ertification ttest, under penalty of perjury, that (1) is ove-listed document(s) appear to be gen ployee is suthorized to work in the Unit be employee's first day of employment (1	nuine and to ed States, nm/dd/yyyy);	relate to the em	picyes r	named, and (3) ee <i>instruction</i>	s for exemp	i of my knowledge th itions.)
ertification itiest, under penalty of perjury, that (1) is every first document(s) appear to be generally every in the Unit employee's first day of employment (representative of Employer or Authorized Representative	nuine and to ed States, nm/dd/yyyy);	relate to the em	picyes r	named, and (3)	s for exemp	i of my knowledge th itions.)
ertification tiest, under penalty of perjury, that (1) is overlisted document(s) appear to be genoployee is authorized to work in the Unit employee's first day of employment (remains of Employer or Authorized Representative	nuine and to ed States, nm/dd/yyyy);	Date (mm/bd/y/	(\$1	named, and (3) ee <i>instruction</i>	to the best	i of my knowledge th itions.) o Representative
ertification ttest, under penalty of perjury, that (1) is every listed document(s) appear to be ger aproved is authorized to work in the Unit employee's first day of employment (remains of Employer or Authorized Representative Name (Family Name)	nuine and to ed States, mm/dd/yyyy); 'e 'irst Name (G/ve	Date (mm/bd/y/	(Sometimes)	named, and (3) ee <i>instruction</i> Tilie of Employe	to the best for exemp or Authorized Organization	i of my knowledge (f itions.) I Representative Name
ertification ttest, under penalty of perjury, that (1) is overlisted document(s) appear to be ger aployee is authorized to work in the Unit is employee's first day of employment (remains of Employer or Authorized Représentative Name (Family Name)	nuine and to ed States, mm/dd/yyyy); 'e 'irst Name (G/ve	Date (mm/bd/y/	(Sometimes)	named, and (3) ee <i>instruction</i> Tilie of Employe	to the best	i of my knowledge th itions.) o Representative
ertification ttest, under penalty of perjury, that (1) is overlisted document(s) appear to be ger aployee is authorized to work in the Unit is employee's first day of employment (remains of Employer or Authorized Représentative Name (Family Name)	nuine and to ed States, mm/dd/yyyy); 'e 'irst Name (G/ve	Date (mm/bd/y/	(Sometimes)	named, and (3) ee <i>instruction</i> Tilie of Employe	to the best for exemp or Authorized Organization	i of my knowledge (f itions.) I Representative Name
ertification ttest, under penalty of perjury, that (1) I ove-listed document(s) appear to be ger ployee is suthorized to work in the Unit employee's first day of employment (r mature of Employer or Authorized Representativ et Name (Family Name) F ployer's Business or Organization Address (Stre	nuine and to ed States. mm/dd/yyyy); re el Number and es (To be con	Date (mmvbd/yr, on Name) Name) City or To	(\$1) Employ wn	named, and (3) ee instruction Tilie of Employer yer's Business or	or Authorized Organization State	i of my knowledge the stions.) S Representative Name Zip Code
ertification ttest, under penalty of perjury, that (1) I ove-listed document(s) appear to be ger ployee is suthorized to work in the Unit employee's first day of employment (r mature of Employer or Authorized Representativ et Name (Family Name) F ployer's Business or Organization Address (Stre	nuine and to ed States. mm/dd/yyyy); re el Number and es (To be con	Date (mmvbd/yr, on Name) Name) City or To	(\$1) Employ wn	named, and (3) ee instruction Tilie of Employer yer's Business or	or Authorized Organization State	i of my knowledge (fittons.) S Representative Name Zip Code
ertification ttest, under penalty of perjury, that (1) is overlisted document(s) appear to be ger aployee is authorized to work in the Unit is employee's first day of employment (remains of Employer or Authorized Representative Name (Family Name) ployer's Business or Organization Address (Streetion 3. Revertification and Rehiro flew Name (il applicable) Last Name (Family Name)	nuine and to ed States. mm/dd/yyyy); e irst Name (Give el Number and el Number and el Number en el Number en el Pirst Name	Date (mm/dd/y/, on Name) Name) City or To npleted and sign (Given Name)	(Signal Signal S	named, and (3) ee Instruction Title of Employer yer's Business or aployer or suth	or Authorized Organization State Orized repress of Rehire (if a	i of my knowledge the strong.) I Representative Name Zip Code sentative.)
ertification ttest, under penalty of perjury, that (1) I ove-listed document(s) appear to be ger aployee is suthorized to work in the Unit e-employee's first day of employment (r ansture of Employer or Authorized Representativ st Name (Family Name) F ployer's Business or Organization Address (Stre ction 3. Reverification and Rehira lew Name (il epplicable) Last Name (Family Nam (semployee's provides grant of employment authority	nuine and to ed States. mm/dd/yyyy); e irst Name (GNe el Number and es (To be con ne) First Name	Date (mm/dd/yy, on Name) Name) City or To inpleted and sign (Given Name)	(8) (8) (Py) Employ wn ed by em	named, and (3) ee Instruction Title of Employer yer's Business or aployer or suth	or Authorized Organization State Ordan Rehire (if a	i of my knowledge the strong.) If Representative Name Zip Code Sentative.) Septicable) (mm/dd/yyyy,
ertification ttest, under penalty of perjury, that (1) I ove-listed document(s) appear to be gen opicyee is authorized to work in the Unit is employee's first day of employment (r snature of Employer or Authorized Representativ st Name (Family Name) F ployer's Business of Organization Address (Stre ction 3. Reverification and Rehird lew Name (Il applicable) Last Name (Family Name I employee's previous grant of employment authorities and that establishes current employment authorities.	nuine and to ed States, mm/dd/yyyy); e First Name (Give el Number and e	Date (mm/dd/yy, on Name) Name) City or To inpleted and sign (Given Name)	(8) (8) (Py) Employ wn ed by em	named, and (3) ee Instruction Title of Employer yer's Business or aployer or suth	or Authorized Organization State Ordan Rehire (if a	i of my knowledge the strong.) I Representative Name Zip Code sentative.)
ertification ttest, under penalty of perjury, that (1) I overlisted document(s) appear to be generalisted document(s) appear to be generalisted in the Unit is employee's first day of employment (remains of Employer or Authorized Representatives (Name (Family Name)) For the Susiness of Organization Address (Street) Ction 3. Reverification and Rehird (see Name (Family Name)) I employee's previous grant of employment authorities and that establishes current employment authorities.	nuine and to ed States, mm/dd/yyyy); e First Name (Give el Number and es (To be con ne) First Name Docum Docum St of my know	Date (mm/dd/y/, on Name) Name) City or To mpleted and sign (Given Name) ed, provide the into space provided bet nent Number:	(S) Employ wn ed by en Midd mailton for owy.	named, and (3) ee instruction. Title of Employer yer's Business or apployer or suth file initial B. Date or the document in	or the best of exemp or Authorized Organization State Orized repres of Rehire (if a	is of my knowledge the strong.) If Representative Name Zip Code Sentetive.) spplicable) (mm/dd/yyyy) st C the employee ale (if any)(mm/dd/yyyy)
ertification ttest, under penalty of perjury, that (1) I overlisted document(s) appear to be ger aployee is suthorized to work in the Unit employee's first day of employment (r ansture of Employer or Authorized Representativ at Name (Family Name) F ployer's Business or Organization Address (Stre	nuine and to ed States. mm/dd/yyyy); e first Name (Give el Number and es (To be conne) First Name [zation has explanation in the procun in the procun are to f my known ament(s) I hav	Date (mm/dd/y/, on Name) Name) City or To mpleted and sign (Given Name) ed, provide the into space provided bet nent Number:	(Signal Signal S	named, and (3) ee instruction. Title of Employer yer's Business or apployer or suth file initial B. Date or the document in	or Authorized Organization State Orized repress of Rehire (if a	in of my knowledge the strong of my knowledge the strong of Representative Name Zip Code Zip Code



RELEASE AUTHORIZATION

In connection with my application for employment, I understand that a consumer report may be requested and may include information as to my character, work habits, credit, academic-credential verification, job performance, experience and reason for termination. Further, I understand that you may be requesting information concerning my motor vehicle operations history and criminal history.

I hereby authorize and release from all liability, without reservation, L.R. Costanzo Co., Inc. and any law enforcement agency, administration, state/federal agency, institution, information service bureau, employer, employee, insurance company or person gathering or furnishing the above mentioned information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this release will be as valid as the original. According to the Fair Credit Reporting act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be advised by this employer and be given the name of the agency or source of this information.

Application Fraud and Misrepresentation: I herby certify that all information provided by me in the course of applying for employment with L.R. Costanzo Co., Inc. is truthful, complete and accurate. If any information provided by me on my Application for Employment, or in any other form, is false untruthful or misleading my employment offer may be rescinded. In addition, I understand that upon being hired as an employee of L.R. Costanzo or at anytime thereafter, I may be subject to disciplinary action, up to and including immediate termination of employment, if it is discovered that any information provided is later found to be false, untruthful or misleading.

Print Name		
Social Security No.	Date of Birth	
Applicant's Signature		
Date:		