

Anderson Security, Inc.
4600 S. Dixie Drive
Dayton, OH 45439
(937) 294-1478

EMPLOYMENT APPLICATION DISCLOSURE AND AUTHORIZATION FORM

I understand that at any time prior to my employment, or, if hired, during my employment, I may be asked to submit to a physical examination which may include blood alcohol content testing and/or urinalysis for controlled substances (drugs).

I certify that the facts contained in this application are true and complete to the best of my knowledge.

By signing below I hereby authorize Anderson Security, Inc., located at 4600 S. Dixie Drive, Dayton, OH, 45439, phone number (937) 294-1478, to obtain a consumer credit report, consumer report, criminal background check, driving record check and/or an investigative consumer report, which may include information regarding my credit worthiness, credit standing, credit capacity character, general reputation, personal characteristics, or mode of living will be requested and may be used in whole or in part for the purpose of evaluating me for employment, promotions, re-assignment or retention as an employee. Such report(s) may include interviews of others concerning such matters as my education, prior employment, capabilities and qualifications, or concerning employment problems, should any arise, such as sexual (or other forms of) harassment, workplace violence, theft and/or worker's compensation fraud.

I also acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act." A copy of this document is the same as the original.

Should an investigative consumer report or a consumer report be processed, you are entitled to receive a copy. Please indicate if you wish to receive a copy. Yes_ No _

By signing below, I acknowledge that I understand that nothing in this Employment Application is intended to be a contract for employment. Ohio is an "at-will-employer" state and employment may be terminated by either party at any time, with or without notice. If hired, you will receive a separate "Offer of Employment Form".

Today's Date: _____

Applicant Name (print)

Signature of Applicant:

Last four (4) numbers of Applicant's Social Security Number: _____