



SPARTAN
UTILITY SERVICES LLC

PO BOX 698
CHANDLER, TX 75758
OFFICE 903-849-2692
FAX 903-849-2160

Spartan Applicant:

Attached is a Spartan Job Application and a Pre-Employment Inquiry Authorization Release.

Please complete the forms making sure to include your driver's license number and state, as well as your social security number.

If you have any questions, you may contact me or Jason Sheeley at the office 903-849-2692.

Thank you for your interest in Spartan Utility Services.

Cordially,

Lynne L Staines

Lynne L. Staines
Office Supervisor

l/s/attachments



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Job Application

1. Position Applied For: _____

2. Full Legal Name: _____
Last First Middle

3. ID Numbers: _____
Social Security Driver's License State Exp Date

4. Phone Numbers: _____
Home Cell Business

5. Home Address: _____

City State Zip

6. Email Address: _____

7. Education:

Do you have a high school diploma (or equivalency?) ___ Yes ___ No

Number of years of post high school education: ___ 1 ___ 2 ___ 3 ___ 4

8. Name and Location of Educational Institutions:

	Degree Received	Major/Specialty	Dates Attended
_____ / _____ / _____			
_____ / _____ / _____			
_____ / _____ / _____			



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- 9. Work Experience:** Starting with your most recent work experience, list all traditional, military and voluntary job history. Describe any knowledge, skills or abilities that demonstrate your qualifications for the position for which you are applying.

Job Title: _____ Duties: _____

Employer: _____

Address: _____

_____ Phone: _____

Supervisor/Title: _____ Final Salary: _____

Dates: From _____ To _____ Hours per week: _____

Reason for Leaving: _____

Job Title: _____ Duties: _____

Employer: _____

Address: _____

_____ Phone: _____

Supervisor/Title: _____ Final Salary: _____

Dates: From _____ To _____ Hours per week: _____

Reason for Leaving: _____

- 10. Job Skills:** Use the space below to provide any information that would be helpful in our evaluation of your application. Include specialized training, seminars, accreditations, achievements or valuable skills.



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11. References: List up to three persons as a reference (personal or business.)

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

12. Are you willing to travel? ___ Yes ___ No

13. Prior Convictions: Have you ever been convicted of any violation of the law, including moving traffic violations? ___ Yes ___ No (if answering yes, please describe below)

Describe the offense/statute: _____

Date, City, County and State of Conviction: _____

14. Start Date: When will you be available to start work? _____

15. Job Application Certification:

I hereby certify that all entries on this application and any attachments are true and complete. I also agree and understand that any falsification of this information may result in forfeiture of my employment. I understand that all information on this application is subject to verification and I consent to criminal history, background and driving history record checks as well as a pre-employment drug test. I also give my consent for you to contact references and educational institutions listed on my application.

Signature

Date

Pre-Employment Inquiry Authorization Release

- I. I understand that an investigative reports may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that backgroundchecks.com, on behalf of Spartan may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Spartan's consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with Spartan, and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I understand that if I am a resident of Minnesota/Oklahoma (only) I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box ☐.
- IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by backgroundchecks.com to furnish the information described in Section I.
- V. Communications with backgroundchecks.com should be directed to PO Box 353, Chapin SC 29036 or (866) 300-8524.

CANDIDATE COMPLETE THE FOLLOWING:

Signature _____		Today's Date _____	
Print Name: (First)	(Middle)	(Last)	(Maiden)
Other Names Used _____			
Current Address Since: (Mo/Yr)	(Street)	(City)	(State/Zip)
Current Address Since: (Mo/Yr)	(Street)	(City)	(State/Zip)
Current Address Since: (Mo/Yr)	(Street)	(City)	(State/Zip)

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth _____	Social Security Number _____
Driver's License Number and State _____	Name as it appears on License _____

Have you ever been convicted of a crime? ☐ No ☐ Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VII), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to ensure accuracy, backgroundchecks.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. backgroundchecks.com's policy requires purchasers of these reports to have signed a Service Agreement. This ensures backgroundchecks.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact backgroundchecks.com.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by (INSERT COMPANY NAME) by checking the box provided below. The report will be provided to you within (3) business days after we receive the requested reports related to the matter investigated.

☐ I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by backgroundchecks.com during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at backgroundchecks.com in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.