

### 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

lls/attachments

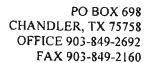


## **Job Application**

1. Position Applied 1	For:				
2. Full Legal Name:					
	Last	First		Middle	
3. ID Numbers:					
	Social Security	Driver's License	State	Exp Date	
4. Phone Numbers:_					
	Home	Cell	Bus	Business	
5. Home Address:			<del></del>		
-	City	State Z	Zip		
6. Email Address:			-		
7. Education:					
Do you have a high	n school diploma (	or equivalency?)	YesNo		
Number of years of	post high school	education:12	34		
8. Name and Locatio	n of Educational	Institutions:			
	Deg	ree Received Maj	or/Specialty	Dates Attended	
				/	
		/	/	·	
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Job Title:		Duties:	
Employer:			
Address:			
•		Phone:	
Supervisor/Title:		Final Salary:	
Dates: From	To	Hours per week:	
Reason for Leaving:_			
Tob Title:		Duties:	
Employer:			
Address:			
		Phone:	
Supervisor/Title:		Final Salary:	
Dates: From	To	Hours per week:	
Reason for Leaving:_			
Job Skills: Use the sp	pace below to pro plication. Includ	vide any information that would be helpful the specialized training, seminars, accreditation	





11. References: List up to three persons as a reference (personal or business.) Name:\_\_\_\_\_Phone:\_\_\_\_\_Relationship:\_\_\_\_\_ Address:\_\_\_\_ Name:\_\_\_\_\_Phone:\_\_\_\_\_Relationship:\_\_\_\_ 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

11.	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 ficense or credentials; financial/credit history; or criminal/civil/driving record history. I understand that backgroundchecks.com, on behalf of 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 fenure with Spartan and give my full consent for this information to be obtained.  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
<b>881.</b>	LI 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
1	. 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.  Communications with backgroundchecks.com should be directed to PO Box 353, Chaple SC 29036 or (866) 300-8524.

CANDIDATE COMPLETE THE FOLLOWING: Signature Today's Date Print Name: (Middle) (Last) (Maiden) Other Names Used Current Address Since: (Mo/Yr) (Street) (City) (State/Zip) Current Address Since: (No/Yr) (Street) (City) (State/Zip) Current Address Since: (Ma/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:

FAIR CREDIT REPORTING ACT NOTICE:
In accordance with the Fair Credit Reporting Act (FCRA, Public Lew 91-503, Tale VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business meta.

The depth of information available varies from state to value. Status of updates are available on report. Although every effort has been made to accuracy, backgroundeheaks, come cannot use as governor, beckgroundeheaks, come cannot use as governor. Service Agraement. This summes beckgroundeheaks come that users are families with and will added by their obligations, as material in the FCRA, to the infirituals named in these reports.

If it is the proper is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact backgroundeheaks, 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 personsel 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, aperson of your choice may accompany you, provided that this person furnishes proper identification.