APPLICANT'S AGREEMENT

I UNDERSTAND AND AGREE THAT:

- 1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
- 2. The Company may verify all the information provided by me, including but not limited to, education and employment, or may procure or have prepared an investigative consumer credit and/or police report for this purpose. I release from liability all persons or entities supplying or collecting such information.
- 3. If employed, I may terminate my employment at any time without notice or cause, and the Company may terminate or modify the relationship at any time without notice or cause. I agree to conform to the rules and regulations of the Company and I understand that no department head or representative of the Company, other than the president or a designated officer of the Company, has the authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the Agreement.
- 4. I understand and voluntarily agree, as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis, drug screen and/or other tests and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.
- 5. Although management attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times make the following conditions required; overtime, a rotating work schedule, or a work schedule that includes Saturday and Sunday.
- 6. If employed, I understand that my employment is for no definite period of time, and if terminated, the Company is liable only for wages or salary earned as of the date of termination.
- 7. I have read and I agree to the above. I hereby certify that the facts I have provided in this employment application are true and complete.

Signature:	Date:

This Application For Employment produced for general use throughout the United States/Canada. Target Systems assumes no responsibility for the said form or any questions which, when asked by the employer of the job applicant, may violate State/Province and/or Federal Law.

CONSENT AND RELEASE OF INFORMATION

I authorize any investigator, special agent, or other duly appointed representative of my prospective employer/employer conducting my background investigation, to obtain information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for employment. I understand that, for any financial or lending institutions, medical institutions, hospitals, health care professionals, or other sources of information, when a separate specific release may be necessary, I will be contacted for such a release at a later date. I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly authorized representative of my prospective employer/employer regardless of any previous agreements to the contrary. I understand that the information released by records custodians and sources of information is for official use by my employer/prospective employer only for the purposes provided. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with my employer/prospective employer, whichever is sooner. I understand that from time to time during the course of my employment, periodic criminal inquiries may be conducted. As part of my employee/ employer work agreement, I understand that if I am convicted of any felony during my tenure of employment, whether employment related or not, I am required to disclose that fact to a designated human resources representative. I realize that although a felony conviction alone will not necessarily be grounds to subject me to adverse employment action, the timely failure to disclose the existence of such a conviction shall be grounds for my immediate dismissal.

PLEASE PRINT AND FILL OUT ALL INFORMATION BELOW

Your Name:	First	Middle Name	La	ast
Street Address:				
Dity:		State:	Zip:	
ist previous ad	dress if you have not b	een at current address for at least three	years.	
treet Address:				
ity:		State:	Zip	
S No.:		Date of Birth:	Race:	Gender:
ther or Former	Names:			
rivers License :	State:	Drivers License Number		
riminal Histo st any convictio		e, including traffic offenses within the pa	st 10 years.	
ate	Place and Departr	nent C	Charges	Disposition
				4
Full Name (Type o	or Print Legibly)	Signature		Date Signed