



660 George Washington Way Ste F
 Richland, WA 99352
 Phone 509-946-1725 or 877-709-6706
 Fax 509-946-7132
jobs@anrgroupinc.com or www.anrgroupinc.com

ANR Group Inc is an equal opportunity employer. We recruit, hire, and promote employees without regard to race, color, religion, sex, age, national origin, citizenship, or disability. Individuals with disabilities who need assistance completing this application can contact the Human Resources department to arrange suitable accommodations.

EMPLOYMENT APPLICATION

Name	(First)	(Middle)	(Last)	Date	Social Security No.
Present Address	(Street)	(City)	(State)	(Zip)	Phone Number
Permanent Address	(Street)	(City)	(State)	(Zip)	Phone Number
How did you learn of our Company?					Office / Cell or Pager No. / Email Address
Position(s) Desired			<input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time		Salary Desired
1.					Date Available to Work
2.					

Other name(s) under which employment may be verified _____

Please indicate source of referral to ANR Group Inc _____

Have you previously applied or been employed by ANR? Yes No If yes, please explain _____

Do you have relatives or members of your household employed by any ANR? Yes No If yes, please name _____

If an offer of employment is made, can you verify your eligibility to work for any employer in the United States? Yes No

For some positions, proof of U.S. citizenship is required. Can you show proof of citizenship? Yes No

Are you capable of satisfactorily performing the essential functions of the position for which you are applying? Yes No

If position required relocation, do you have any geographical restrictions? Yes No Geographical preference _____

If position required traveling, would you have any restrictions? Yes No

Do you have a valid driver's license? Yes No Has your driver's license ever been suspended or revoked? Yes No

SECURITY:

Have you ever held a security clearance issued by the U.S. Government? Yes No If yes, please indicate the type of clearance granted:

Secret Top Secret L Q Active Inactive When was this clearance last active: _____

EDUCATION:

Did you graduate from high school? Yes No If not, have you passed a G.E.D. test or equivalency? Yes No

SCHOOL	CITY AND STATE	MAJOR AREA OF STUDY	YEARS COMPLETED (CIRCLE)	DID YOU GRADUATE?	DEGREE RECEIVED IF NO DEGREE, GIVE TOTAL UNITS COMPLETED
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scholastic Honors and Awards:					
Thesis/Dissertation Topic:					
Other Courses Taken: (Trade, Technical, Correspondence and Military) Name & Location of School					

LICENSES: Licenses, Registrations and Certifications

Provide type of registration, state, year, and number:

TYPE OF REGISTRATION	STATE(S)	YEAR	LICENSE NUMBER

U.S. MILITARY SERVICES:

BRANCH OF SERVICE	DATE OF ACTIVE SERVICE	RANK AT DISCHARGE
	From: _____ To: _____	
Services/schools of special experience:		

EMPLOYMENT RECORD:

List all jobs and other activities (including military service) for at least the past 10 years, covering full disposition of your time whether you were employed or not (**show last employment first**). This portion must be completed even if supplemented by a resume. Candidates that enter "See Resume" in this section will not be considered for employment by ANR. Please explain fully any gaps in employment history. If necessary, please attach a separate sheet for additional employment history. Information below will be used as a point of reference during the pre-employment background investigation. Incomplete applications cause delays in processing the background checks. If you have questions or need assistance completing this document, please call the ANR office.

EMPLOYMENT HISTORY (Give full name and complete street address).	SALARY OR WAGE	SALARIED OR HOURLY	BONUS ELIGIBLE?	DUTIES	DATES EMPLOYED		TOTAL YRS/MO	REASON FOR LEAVING
					From MO/YR	To MO/YR		
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								

MAY WE CONTACT YOUR PRESENT AND/OR FORMER EMPLOYER(S)? YES NO CONDITIONS _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY ANY PREVIOUS EMPLOYER? (DO NOT INCLUDE LAYOFFS)

YES NO _____

References:

Please list three references who are not related to you but are familiar with your employment experience. If possible, provide references that are not already listed in the employment section.

Name: _____
 Title: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Daytime Telephone: _____

Prior Supervisor Professional Contact
 Co-worker Other _____

Name: _____
 Title: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Daytime Telephone: _____

Prior Supervisor Professional Contact
 Co-worker Other _____

Name: _____
 Title: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Daytime Telephone: _____

Prior Supervisor Professional Contact
 Co-worker Other _____

Skills/Qualifications: List special skills and qualifications, such as specialized technical skills within your field of expertise. List computer hardware and software packages with which you have experience.

Comments: (List any information that you may wish to add about your abilities.)

Criminal History: Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a misdemeanor or felony; or have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial? Yes No

If yes, please explain below. *(Answering "yes" to these questions does not constitute an automatic bar to employment. Do not include minor traffic violations.)*

I hereby certify that my answers to the foregoing questions and statements are true and correct to the best of my knowledge and I hereby authorize ANR Group Inc (hereafter called "The Company") to verify any of the information concerning my employment, education, credit, disciplinary or medical history with the appropriate individuals, companies, institutions, or agencies; and I authorize them to release such information without any obligation to give me notice of such disclosure. I hereby release the Company and all individuals from any liability for any damage whatsoever for issuing this information.

I understand that any misrepresentation or omission of material fact in this application will constitute sufficient grounds for immediate dismissal. I further understand the Company is an employer at will and employment is for no definite period, and my employment and compensation may be terminated at any time for any reason whatsoever, with or without good cause, at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of the agreement are valid and no agent of the Company has the authority to override the presumption of at-will employment.

I understand and agree that I may be obligated to take medical examinations as directed by the Company if the Company believes that physical or mental conditions exist which may impair my performance or safety or the performance or safety of others. I further understand that the Company maintains a drug-free workplace, and I am subject to undergoing drug screening at the Company's expense. If hired, I will be required to read and sign consent to ANR's Substance Abuse Policy.

Employment is conditional upon the results of references, verification of eligibility for employment in the United States, and signing consent with ANR's Policies on Employee Conduct, Business Conduct, Conflict of Interest, and the Employee Confidentiality and Invention Assignment Agreement. I understand and agree that the terms and conditions of employment may be altered by ANR at any time with or without cause or notice.

Signature of Applicant: _____ Date: _____

DISCLOSURE AND AUTHORIZATION

DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES ON BEHALF OF:

ANR Group

A consumer report or investigative consumer report including information about your character, general reputation, personal characteristics, or mode of living may be obtained. According to the Fair Credit Report Act, upon receiving a written request, Employment Screening Services, Inc. (627 E. Sprague, Suite 100, Spokane, WA 99202, 1-800-473-7778) will provide information regarding the nature and scope of the report, should it include information about your character, general reputation, personal characteristics or mode of living and a summary of your rights.

California Residents: Per California Civil Code 1786.16, you will be notified in writing of the nature and scope of the investigative consumer report should one be required, including a summary of the provisions in section 1786.22.

MA, ME, and WA Residents: Per state civil codes, upon written request, you will receive a copy of the consumer report upon its completion.

AUTHORIZATION

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, credit history, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to Employment Screening Services, Inc. and/or its agents or representatives. (In accordance with the federal American with Disabilities Act, a worker compensation claim search will not be requested unless a conditional job offer has been made.) I understand that if hired, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to the company Human Resources office.



SIGNATURE

DATE

FULL NAME (Type or Print Legibly)

LIST ANY OTHER NAMES UNDER WHICH YOU HAVE WORKED OR RECEIVED A DEGREE

STREET ADDRESS

CITY, STATE, ZIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH*

DRIVER'S LICENSE NUMBER

STATE OF ISSUE

NAME EXACTLY AS IT APPEARS ON DRIVERS LICENSE

POSITION FOR WHICH YOU ARE APPLYING

MAY WE CONTACT YOUR CURRENT EMPLOYER? (✓ below)

YES NO NOT APPLICABLE

*The DOB is used for identification purposes only and plays no part in the selection process. All federal and states rights are respected. Year of Birth optional.

CA, OK, & MN APPLICANTS ONLY:

You have the right to receive a copy of any consumer reports or investigative consumer reports should one be requested on you for employment reasons.

I wish to be furnished with a copy of my consumer and/or investigative consumer report should one be ordered.

[Applicant To Keep These Two Pages](#)

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 identity 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 upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. 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 agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS::	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051