



Business Imaging Systems, Inc.  
13900 N. Harvey  
Edmond, OK 73013  
(405) 507-7000

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of Business Imaging Systems, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

**APPLICATION FOR EMPLOYMENT**

Important: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

**PERSONAL DATA**

FIRST NAME                      MIDDLE                      LAST                      SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL                      CITY                      STATE                      ZIP                      TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT)                      CITY                      STATE                      ZIP                      TELEPHONE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?                      YOUR VISA TYPE IF AVAILABLE                      VISA # AND EXPIRATION DATE

DO YOU HAVE A VALID DRIVERS LICENSE?     YES     NO  
LICENSE NUMBER:                      STATE:                      EXPIRATION DATE:

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW?     YES     NO  
IF YES, GIVE FULL PARTICULARS.  
(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

## POSITION INFORMATION

POSITION APPLIED FOR: .

REFERRAL SOURCE-  
ADVERTISEMENT (specify):

. AD NUMBER: .

PLACEMENT FIRM (firm name): .

SCHOOL PLACEMENT OFFICE (school name): .

OTHER: .

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS?  YES  NO

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? .

ARE YOU WILLING TO RELOCATE?  YES  NO

HAVE YOU EVER BEEN EMPLOYED BY BIS?  YES  NO

IF YES, WHEN?                      WHERE?                      POSITION? .

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT BIS?  YES  NO

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION:

IF YES, WHEN? (MO.)                      (YR.) .

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED BY BIS?  YES  NO

IF YES, WHEN? (MO.)                      (YR.) .

FOR WHAT POSITION? .

## EDUCATION

LAST HIGH SCHOOL ATTENDED/complete address

ATTENDED FROM / TO / GRADUATED?  YES  NO

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM / TO / GRADUATED?  YES  NO

MAJOR . DEGREE RECEIVED .

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM / TO / GRADUATED?  YES  NO

MAJOR . DEGREE RECEIVED .

OTHER (Technical, Vocation, Graduate, etc.) complete address

ATTENDED FROM / TO / GRADUATED?  YES  NO

MAJOR . DEGREE RECEIVED .

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?

FLUENT?  YES  NO

FLUENT?  YES  NO

FLUENT?  YES  NO

## EMPLOYMENT HISTORY

**IMPORTANT:** STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE (S) IF NECESSARY.

### PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY TELEPHONE  
EMPLOYED (FROM/TO) SALARY (BEGINNING/END)  
STREET ADDRESS CITY STATE ZIP CODE  
NAME & TITLE OF SUPERVISOR  
TITLE OF YOUR POSITION DEPARTMENT  
DUTIES  
REASON FOR LEAVING

### PREVIOUS EMPLOYER

FULL NAME OF COMPANY TELEPHONE  
EMPLOYED (FROM/TO) SALARY (BEGINNING/END)  
STREET ADDRESS CITY STATE ZIP CODE  
NAME & TITLE OF SUPERVISOR  
TITLE OF YOUR POSITION DEPARTMENT  
DUTIES  
REASON FOR LEAVING

## PREVIOUS EMPLOYER

FULL NAME OF COMPANY TELEPHONE  
EMPLOYED (FROM/TO) SALARY (BEGINNING/END)  
STREET ADDRESS CITY STATE ZIP CODE  
NAME & TITLE OF SUPERVISOR  
TITLE OF YOUR POSITION DEPARTMENT  
DUTIES  
REASON FOR LEAVING

## PREVIOUS EMPLOYER

FULL NAME OF COMPANY TELEPHONE  
EMPLOYED (FROM/TO) SALARY (BEGINNING/END)  
STREET ADDRESS CITY STATE ZIP CODE  
NAME & TITLE OF SUPERVISOR  
TITLE OF YOUR POSITION DEPARTMENT  
DUTIES  
REASON FOR LEAVING

## PREVIOUS EMPLOYER

FULL NAME OF COMPANY TELEPHONE .  
EMPLOYED (FROM/TO) SALARY (BEGINNING/END) .  
STREET ADDRESS CITY STATE ZIP CODE .  
NAME & TITLE OF SUPERVISOR .  
TITLE OF YOUR POSITION DEPARTMENT .  
DUTIES .  
REASON FOR LEAVING .

## OTHER EMPLOYMENT

LIST PART-TIME EMPLOYMENT WHILE IN SCHOOL, INCLUDING COMPANY NAME(S), ADDRESSES, DATES OF EMPLOYMENT:

ARE THERE ANY PERIODS OF UNEMPLOYMENT AND/OR PART-TIME EMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SCHOOL WHICH ARE NOT LISTED ABOVE OR ON A SEPARATE SHEET?  YES  NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED OR TERMINATED?  YES  NO  
IF YES, PLEASE EXPLAIN:



## APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if recovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested. Date of Birth required to complete investigation  
(Please Initial Agreement)

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for the purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the **President** of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the company.

The company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance will be informed.

I wish to volunteer the following information (check one)  
I do qualify under the following:

- I do not qualify
- Handicapped
- Vietnam Era Veteran
- Disabled Veteran

Signature

Date

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in Business Imaging Systems, Inc. is appreciated.

## **CREDIT RELEASE FORM**

**The purpose of this release form is to obtain permission and inform you, the applicant that a credit report will be pulled on you in the course of consideration of employment with:**

**Please read and sign the release and acknowledge that you, the applicant, understand and give permission to Clear Investigative Advantage LLC and the company below to access you credit history for employment purposes only.**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In connection with this request, I hereby release the aforesaid parties from any liability and responsibility for obtaining my, the applicant, credit report.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_