

List below present and past employers beginning with the most recent:

Month/ Year	Name & Address of Employer	Initial Position Title and Duties	Previous Supervisor	Starting Salary	Reason for Leaving
		Final Position and Duties	Telephone Number	Ending Salary	
From:					
To:					
From:					
To:					
From:					
To:					

POST-OFFER PHYSICAL/CONTROLLED SUBSTANCES SCREENING

GRIGG ENTERPRISES, INC., strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that at any time after I am hired, the Company may require me to submit to a physical examination to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related tests to the Company. You should understand that **YOU MAY BE TESTED** for the presence of controlled substances before you are hired as a condition of employment with GRIGG ENTERPRISES, INC. If you have any questions regarding this policy, please contact the office before your final interview. I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Company's designated physical therapist and/or other medical practitioner. I have read, understand, and agree to the above-referenced physical examination and drug testing policy.

APPLICANT SIGNATURE _____ DATE _____

AGREEMENT OF APPLICANT CERTIFICATION, AUTHORIZATIONS AND UNDERSTANDING OF EMPLOYMENT RELATIONSHIP

I hereby state that all the information that I provided on this Application or any other document submitted in connection with my employment, and in any interview, are true and correct. I have withheld nothing that would, if disclosed, affect this Application unfavorably. I understand that if I am employed and any information is later found to be false in any respect or if I have omitted material information, I may be dismissed. I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States.

AT WILL EMPLOYMENT

If hired, I agree as follows: My employment with the Company is terminable at will, is for no definite period, and my employment may be terminated by the Company or me at any time and for any reason whatsoever, with or without good cause. All employees are hired as part-time, seasonal employee status. No implied, oral or written agreements contrary to the express language of this Agreement are valid unless they are in writing signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company, has any authority to make any agreements to the foregoing. This Agreement is the entire agreement between the Company and the employee regarding the right of Company or employee to terminate employment, and this Agreement takes the place of all prior agreements, representations, and understandings of the employee and the Company.

Background Information Checks

I hereby grant *Grigg Enterprises, Inc.*, permission to access any and all applicable sources of information, including, but not limited to those listed above and unconditionally release and hold harmless *Grigg Enterprises, Inc.*, and any named or unnamed corporation, company, custodian of records or informant from any and all liability resulting from furnishing information about me. I hereby release any current or former employer, its agents or employees, from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability are knowing, intelligent, and voluntary acts.

I hereby acknowledge that I have read and understand the above statements.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND CONFIRM YOUR VOLUNTARY AGREEMENT

APPLICANT SIGNATURE _____ DATE _____