

North Carolina – Concept Frames

# Application for EMPLOYMENT

PERSONAL DAT	<u>'A</u>	Date:_	
Last Name:	First:		Middle:
			s):
Phone:	Cell Ph	one:	
Address:			
City:	State:		Zip Code:
ABLOY? □Yes □No		·	s or another subsidiary of ASSA
Do you have relatives w	ho work, or have work	ed, for Conce	pt Frames, any other ASSA ABLOY ame, relationship and location:
	charged by a company?	? 🗌 Yes 🗌 N	o If yes, give name of employer
How did you become int	erested in Concept Fra	mes? (This s	section must be completed):
☐ Referred by employed	e (name):		
			Advertisement (publication) )
<b>POSITION PRE</b>	FERENCE		
Position applying for:			
Check appropriate box for			
			☐Co-op ☐Intern ☐ Other
			available?
Shift availability: Day		_	Weekends N/A
What date will you be as	/allable to start?		Salary/wage desired:

## **GENERAL INFORMATION**

Have you ever been convicted of a misdemeanor (other than minor traffic violation) or felony
charge? (Expunged records need not be disclosed.)
If yes, explain:
All offers will be contingent upon the verification of lawful employment status as required by
the Immigration Reform and Control Act of 1986. (If hired, you must present
documentation establishing your US employment eligibility within 3 business days of start date).
Are you legally permitted to work in the United States for any employer in a regular, full-time job?☐ Yes ☐ No
Employment with <b>Concept Frames</b> is contingent upon successfully completing a screening for drugs. Failure to comply or a confirmed positive test will result in retraction of the offer. Do you have any financial or other interest or relationship in any business, or employment in another position, that may conflict with your employment by Concept Frames?    Yes  No If yes, please explain:
Answer below only if applying for a job that requires you to drive:
Do you have a driver's license?   Yes   No
Type:  Chauffeur's  Commercial  Driver's In What State
Has it ever been suspended or revoked?
How many vehicle accidents have you had in the past 5 years?

Applicant Name:\_\_\_\_\_

# EMPLOYMENT HISTORY Applicant Name:\_\_\_\_\_

	ers starting with the current current employer?Yes		on:				
Company:	Job Title	: Employment	Dates:				
Address:	353 1.615		From:		Month		Year
City:			To:		Month		Year
State:	Reason for lea	aving:	Sala	ry Informati	ion		
Immediate supervisor's na			g Base:			Bon	ius
Immediate supervisor's ph number:	ione	Leavin	g Base:			Bon	ius
•	7.1.70	1	5				
Company:	Job Title	: Employment				_	V
Address:			From:		Month	-	Year
City:	D		To:		Month		Year
State:	Reason for lea	aving:	Saiai	ry Informati	ion		
Immediate supervisor's na		Startin	g Base:			Bon	
Immediate supervisor's ph number:	one	Leavin	g Base:			Bon	ius
		1		T			
Company:	Job Title	: Employment				_	V
Address:			From:		Month	_	Year
City:	D		To:		Month		Year
State:	Reason for lea	aving:	Saiai	ry Informati	ion	D = ==	
Immediate supervisor's na		Startin	g Base:			Bon	ius
Immediate supervisor's ph number:	one	Leavin	g Base:			Bon	ius
		1		T			
Company:	Job Title	: Employment					1
Address:			From:		Month		Year
City:			To:		Month		Year
State:	Reason for lea	aving:	Salai	ry Informati	ion		
Immediate supervisor's na	ime:	Startin	g Base:			Bon	ius
Immediate supervisor's ph number:	none	Leavin	g Base:			Bon	ius
Company:	Job Title	: Employment	Datos				
Address:	Job Title	. Employment	From:		Month		Year
			To:		Month	_	Year
City: State:	Reason for lea	wing:		ry Informati			Teal
Immediate supervisor's na		avilig.	Salai	l y minorman	1011	Bon	
Illilliediate supervisor's fla	iiile:	Startin	g Base:			БОП	ius
Immediate supervisor's ph number:	none	Leavin	g Base:			Bon	ius
Please explain any ga	aps in employment history:_						

## **EDUCATION HISTORY**

Type of School	Name & Location of School		you uate? No	Type of Degree: Diploma, GED or Certificate Major/Minor Fields of Study		
High School						
GED				Date Obtained:		
Business Correspondence or Vocational School						
Other courses or Special Training		- 🗆			Year -	
All Colleges or Universities					Year	
Graduate School					Year	
ACADEMIC ACHIEVEMENt fellowships; membership extracurricular activities for the professional certification and the profes	es in academic honorary you consider significant.	y societ *	ties; pa	rticipation in or offi	ces hel	d in
Comments:		eak 🗌	Read [	Write		
Comments:						
Comments:						

<sup>\*</sup>Listing activities, scholarships, or organizations that indicate race, sex, religion or national origin affiliation is optional.

### **PROFFSSTONAL REFERENCES**

Applicant Name:
Applicant Name:

I KOI ESSIONAE N	<u> </u>	Арріїса	nt Name.			
Please list (3) professional references. If student, include 2 p			ur work performance. [	Do not include		
Name:	Address:		City:	State:		
Relationship: Co			Company Name:			
Title:			Telephone:			
Name:	Address:		City:	State:		
Relationship:		Company Name:				
Title:			Telephone:			
Name:	Address:		City:	State:		
Relationship:		Company Name:				
Title:			Telephone:			
I certify that the information of misstatements or omissions of dismissal. I understand that e	information are gro	ounds for de	enial of employment and	l, if hired, for		

herein, as well as my passing a pre-employment drug test and / or a post-offer job-related physical examination.

I give AADG, Inc. d/b/a Concept Frames the right to request, and I give the listed employers, schools and personal references, as well as any other persons, schools, companies, credit bureaus, and state and federal licensing, law enforcement and other government agencies, the right to give Ceco Door (without further notice to me) any and all information about my background, along with any other pertinent information they may have, personal or otherwise. I release all parties from all liability, and agree not to file any claim, lawsuit or any other cause of action of any kind against any person or entity arising out of the furnishing, receipt or use of such information.

I authorize the Company to obtain a consumer report as defined under the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., which includes information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and to use such information for employment purposes. I understand that if the Company relies upon a consumer report, I will be notified about my rights in a separate document.

In consideration of my employment by Concept Frames, I agree to learn and conform to Concept Frames rules and regulations. I further agree that employment with Concept Frames is at will and that either I or the Company may terminate my employment without notice any time with or without cause. I understand that I have no written or oral employment contract with the Company. I understand that, other than the President, ASSA ABLOY Door Group, or his/her designee, no Concept Frames manager or representative has the authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the above.

Signature of Applicant:	Date:	
- 3		

#### **DISCLOSURE AND AUTHORIZATION**

DISCLOSURE TO APPLICANTS/EMPLOYEES UNDER THE FAIR CREDIT REPORTING ACT In accordance with the Fair Credit Reporting Act ("FCRA"), we are advising you that a consumer report may be obtained from a consumer reporting agency ("CRA") for the purpose of evaluating you for employment or, if you are already an employee, for promotion, retention or other employment purposes. Under the FCRA, as an applicant or employee, you are a 'consumer'.

The consumer report requested by the Company may be used to verify information that you have provided, such as your previous employment, professional certifications, and education, or it may be a general background check which may include information regarding your character, general reputation, personal characteristics, mode of living, credit history, personal history, military record, driving record and / or criminal background. This information may be obtained by direct or indirect contact with, as examples, former employers, acquaintances, schools, financial institutions, landlords and public agencies.

Before the Company makes an adverse employment decision based on information contained in a consumer report, you will be provided a written summary of your rights under the FCRA and, in most cases, a copy of the report. If you disagree with the accuracy of the information relied on by the Company, you must notify the Company within three business days of your receipt of the report. If you do this, the Company will provide you with an additional period of five business days to demonstrate to the Company's satisfaction that the information is inaccurate or otherwise unreliable.

#### **AUTHORIZATION FOR CONCEPT FRAMES TO OBTAIN CONSUMER REPORT**

I have read the above disclosure to Applicants / Employees under the Fair Credit Reporting Act, and I give Ceco Door and any affiliated company the right to request, from a consumer reporting agency, a consumer report, as defined in the Fair Credit Reporting Act. I authorize all companies, credit agencies, educational institutions, persons, government agencies, criminal and civil courts, and former employers to release information they have about me and release them from any liability for doing so. Any copy of this Authorization shall have the same authority as the original, and shall be valid for this and for any future consumer reports and updates that may be requested.

Name (please print)	Signature	Date	

(No electronic signatures accepted. You will be asked to sign the form when interviewed).

## APPLICANT SURVEY INFORMATION

**ASSA ABLOY, Inc.** and its subsidiaries are required to submit periodic government reports regarding its employees. It is the Company's policy to afford equal employment opportunity to all individuals in compliance with applicable federal, state and local employment laws.

To aid the Company in providing accurate information, we ask your cooperation in completing this form. You are, however, under no obligation to do so and your response will not affect your employment in any way. Any information you volunteer will be kept confidential and will be used solely for statistical purposes. (Note: should you elect not to complete this Employee Survey; Human Resources will complete the gender and ethnic information on the basis of their visual observation.)

Name (p	olease print): Gender: ☐ Female ☐ Male
ETHN]	IC AFFILIATION:
Are yo	ou Hispanic or Latino?
_	NIC OR LATINO (Persons of Mexican, Puerto Rican, Cuban, Central and South American or other Spanish culture or regardless of race. This does not include persons of Portuguese culture origin)
	☐ Yes ☐ No
If you	answered "no" to the above question, please select one of the following:
	<b>Hispanic or Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
	White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	<b>Black or African American (Not Hispanic or Latino)</b> - A person having origins in any of the black racial groups or Africa.
	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<b>Asian (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	<b>Two or More Races (Not Hispanic or Latino)</b> (Persons who identify with more than one of the five races above). I identify with the following races: (optional)