



Phone: (402) 691-0919 Fax: (402) 691-9496 Email: reports@protec-usa.net

RELEASE AUTHORIZATION

APPLICANT: This release must be filled out completely for your application to be considered.

Ver. 01/08

Name: _____
First Middle Last

Maiden / Previous Name (s) _____

Home Address _____

City _____ **State** _____ **Zip** _____

SSN - Social Security Number _____ **Date Of Birth** _____

MVR - Issuing State of DL _____ **Driver's License Number** _____ **Expiration Date** _____

AEV - Education Institution _____ **State** _____ **Attendance Dates** _____ **Degree Type** _____

PLV - License Type _____ **License Number** _____ **Issuing State** _____

****APPLICANT COMPLETE THIS SECTION****

*** List Each City & State of Residence or Employment For the Most Recent 7 Years ***

In connection with my application for employment, volunteer, or contractor status, I authorize any, employer, educational institution, law enforcement organization, state and federal government agency, information bureau, and other persons contacted to release information regarding my character, performance, qualifications, background and reasons for termination of past employment to company or its agent and release all parties involved in providing said information from any responsibility or liability.

I also authorize the release of my driving history, criminal records, employment confirmation and other consumer investigative report information for current retrieval as an applicant, volunteer or contractor or future retrieval as an employee, if hired. I understand this report may contain information about my background, mode of living, character, and personal reputation. A copy of the Consumer Investigative Report may be obtained by contacting PROTEC Systems. I acknowledge that a telephone facsimile or photographic copy shall be as valid as the original. I understand that the decision to hire is solely that of the employer, and although said decision may be based upon information gathered by PROTEC Systems, I release PROTEC Systems from any and all liability surrounding or related to the employer's decision.



Applicant's Signature

Date

Employer - Complete This Section

* If Service(s) Ordered Online – Check Here _____ *

RE12623 -

Client Access Number

HSKR-01, ICG-02, SGH-10, RGI-20, HGIC-30, RTI-40

Contact Co. (Check one - results will go to the appointed person for that company)

RedGlaze Group of Companies

Company Name

748 North 109th Court

Address

Omaha **NE** **68154**

City State Zip

(402) 933-3100

Phone Number

(402) 397-1333

Fax Number

Employer - Check Each Service Requested

- Address Location & SSN Search (ALS)
- Social Security Number Verification (SSN) - See Above
- Motor Vehicle Record (MVR) – Payroll: fax/email signed release form**
- Academic Verification (AEV) - See Above
- Professional License Verification (PLV) - See Above
- Personal Reference Check (PRC) All - Fax Names & Ph. #
- Employment Confirmation (PEC) All - Fax Work History
- Employment Credit Report (ECR)
- Sexual Offender Search (SOS) State (s) _____
- Civil Record Search (CRS) - See above or See below
- Criminal History Check (CHC) - See above or See below
- Abuse Registry Search (ARS) - Adult Child-Fax release form

Search: City or County - past 7 years State _____

REDGLAZE GROUP OF COMPANIES

Husker Glass, Inc., Iowa Contract Glazing, Inc., Swanson Gentleman Hart, Inc.,
RedGlaze Group, Inc., HGI Consulting, LLC and Riverside Technologies, Inc.



Employment Application - Valid for Sixty (60) days from date of application.

THE REDGLAZE GROUP OF COMPANIES ARE EQUAL OPPORTUNITY EMPLOYERS AND CONSIDER ALL APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS IN ACCORDANCE WITH FEDERAL LAW. FURTHERMORE, THE REDGLAZE GROUP COMPLIES WITH ALL APPLICABLE STATE AND LOCAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT. IN ADDITION, REDGLAZE GROUP PROVIDES REASONABLE ACCOMODATION TO INDIVIDUALS WITH A DISABILITY IN ACCORDANCE WITH THE AMERICANS WITH DISABILITES ACT (ADA).

APPLICANT INFORMATION

Last Name:		First:		M.I.:	Date:
Street Address:				Apartment/Unit #:	
City:		State:		Zip:	
Phone: ()		Best Time to be reached:		Social Security No.:	
May we contact you by email?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Email Address:	
Position Applied for:				Desired Salary:	
Hours per week desired?		Days available: M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>			
If necessary, are you available and willing to work weekends or overtime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Times?	
Have you ever worked for this company or it's affiliates?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when, co, location?	
+Are you authorized to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you now or in the future require sponsorship for employment visa YES <input type="checkbox"/> NO <input type="checkbox"/>	
+Federal Law requires that employers hire only individuals who are authorized to work in the U.S. In compliance with such laws, the RedGlaze group of companies will verify the status of every individual offered employment with the Company. All offers of employment are subject to verification of the applicant's identity and employment authorization. If offered a position, it will be necessary for you to submit the documents as required by law.					
*Are you at least age 21?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, state your age:	
*Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give date & explain:	
*Age or conviction does not necessarily disqualify you from employment. It is used for job related purposes, to the extent allowed by law.					

EDUCATION

High School:		Did you graduate?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Address:		City:	State:	Zip:	Degree:
College/Trade:		Did you graduate?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Address:		City:	State:	Zip:	Degree:

REFERENCES

Please list a personal or professional reference, not listed in your work experience

Full Name:		Relationship:
Company:		Phone: ()
Address:		

WORK EXPERIENCE (BEGIN WITH MOST RECENT OR CURRENT EMPLOYER)...			
Were you ever employed by another name? Yes <input type="checkbox"/> No <input type="checkbox"/>		State name(s):	
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your current/previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no and offered a position, we may need further references to complete pre-employment testing.	
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your current/previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no and offered a position, we may need further references to complete pre-employment testing.	

...In listing your current and former employment, you are authorizing said employers to furnish information about your employment record; including performance and abilities, attendance, wage information, dates of employment, title and reason for terminating the employment. By signing below, you release all of the aforementioned individuals, jointly and severally from any and all liability for damages arising from furnishing the requested information to the Company.

MILITARY SERVICE (FOR AFFIRMATIVE ACTION PURPOSES)	
Branch:	From:
Rank at Discharge:	To:
DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. Any misrepresentations or omissions of any fact in my application, resume or interview, is justification for dismissal of consideration and, if employed at the time of disclosure, for termination of my employment. I further authorize all Companies in the group to consider my application, regardless of position or company applied for.</p> <p>Any offer of employment is contingent upon the successful completion of the Company's total screening process, including references, background checks (criminal and/or credit), drug screen, physical and Motor Vehicle Records as deemed necessary for the position hired into. I understand that, as a condition of employment, I must submit to such screens and meet the standards the Company considers satisfactory for the job.</p> <p>In consideration for employment, I agree to comply with the policies, rules, Regulations and procedures of the RedGlaze group of companies and all affiliates. I understand that the Companies are At-will employers and, as such, my employment can be terminated at any time, with or without cause or notice, by either the Company or myself. I further understand that no manager or representative of the Company other than that Companies President, has any authority to enter into any different agreement from the Company policy to be provided upon hire.</p>	
Signature:	Date:

REDGLAZE GROUP OF COMPANIES

Husker Glass, Inc., Iowa Contract Glazing, Inc., Swanson Gentleman Hart, Inc., RedGlaze Group, Inc., HGI Consulting, LLC and Riverside Technologies, Inc.



Voluntary Applicant Self-Identification Survey - To be kept separate from the application.

THE REDGLAZE GROUP OF COMPANIES ARE FEDERAL GOVERNMENT CONTRACTORS. AS A MATTER OF OUR POLICY AS WELL AS APPLICABLE LAW, WE ARE REQUIRED TO KEEP RECORDS AND PERFORM CERTAIN ANALYSES OF OUR APPLICANTS BY GENDER, RACE AND ETHNICITY. SUCH ANALYSIS ARE ONLY POSSIBLE IF WE KNOW THE DEMOGRAPHICS OF OUR APPLICANTS, SO WE REQUEST THAT YOU COMPLETE THIS SURVEY AND RETURN TO US SEPARATE FROM YOUR APPLICATION.

All information provided on this document is held strictly confidential. Nothing contained herein is considered in any employment decision and as such, it is requested that you submit this form separate from your application. If submitted together, the RedGlaze group of companies will separate and store confidentially.

The RedGlaze group of companies takes its policies and Requirements seriously. For any statistical analysis to be meaningful, we must obtain information on as many applicants as possible; regardless of minority or gender status. Additionally, We are committed to finding the best employees for our growing organization. To do this, we must constantly evaluate our recruiting efforts and sources. We hope you will complete this survey and return to us promptly to ensure our organizations compliance and continued success.

1a. Gender:	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
--------------------	-------	--------------------------	---------	--------------------------

1b. Race/Ethnicity:	If you do not self-report, we are required by law to provide a "visual" report of your ethnicity to the EEOC.				
Are you Hispanic or Latino?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If you answered "Yes", you do not need to complete the remainder of this section
If you answered "No" above, check all that apply below:					
White, not Hispanic or Latino (Includes persons of Middle Eastern ancestry):		<input type="checkbox"/>			
Black or African American, not Hispanic or Latino:		<input type="checkbox"/>			
Native Hawaiian or Other Pacific Islander, not Hispanic or Latino:		<input type="checkbox"/>			
Asian, not Hispanic or Latino:		<input type="checkbox"/>			
American Indian or Alaskan Native, not Hispanic or Latino:		<input type="checkbox"/>			

2. DEMOGRAPHIC INFO:					
Position Applied For:				Your Zip Code:	
County:				Your State:	
How did you learn of this opportunity?					
Current employee:	<input type="checkbox"/>	Full Name:			
Printed Ad:	<input type="checkbox"/>	Name of Publication:			
Online Ad:	<input type="checkbox"/>	Name of website:			
Agency:	<input type="checkbox"/>	Name:			
Other:	<input type="checkbox"/>	Please Specify:			

PRE-EMPLOYMENT DRUG TEST CONSENT FORM

I understand that I will be tested for controlled substances, including, but not limited to: Amphetamines, Barbiturates, Benzodiazepines, Opiates, Cannabinoids, Cocaine, Methadone, Methaqualone, Phencyclidine (PCP), Propoxyphene, and chemical derivatives of these substances.

I further understand that it is my responsibility to advise the testing lab of all prescription drugs taken in the past month before the test, and to be prepared to show proof of such prescription to the lab personnel.

Testing Methods and Procedure

- All testing will be conducted by a licensed independent medical laboratory, which will follow established testing standards. Testing will be conducted on a urine sample provided by the candidate to the testing laboratory under procedures established by the laboratory to insure privacy of the employee, while protecting against tampering/alteration of the test results.
- RedGlaze Group will pay for the cost of the testing, including the confirmation of any positive test result by gas chromatography. The testing lab will retain samples in accordance with State law, so that a candidate may request a retest of the sample at his/her own expense if he or she disagrees with the test result.

Refusal to Undergo Testing

- Candidates who refuse to submit to a drug test or who fail to show up for a drug test will no longer be considered for employment.
- I also understand that during my employment I may be required to submit to additional testing for the presence of drugs and alcohol, per the Company's policy.
- I understand that by consenting to this test, it does not constitute a contract of employment between the Company and me.

I agree to take the following test(s) and to have the results released to the Company:

- Urinalysis Testing and/or Blood Alcohol Testing _____ (initials).

Candidate's Signature

Date

Candidate's SSN

Witness's Signature

Date