





## Driving Record Information

We routinely check the driving records of all prospective applicants. Please give your name, as it appears on your driving license, your date of birth, and NC Drivers License Number.

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

DOB: \_\_\_\_\_

NCDL: \_\_\_\_\_

If you have been cited for any violations within the last 3 years, please list those violations below.

Violations:

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This information is current and correct to the best of my knowledge. Failure to disclose the above information is grounds for dismissal.

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



3103 Landmark Street  
Greenville, NC 27834  
Phone: 252-756-3175 Fax: 252-756-9597

I \_\_\_\_\_ (Applicant) understand that any offer of employment with CopyPro, Inc. is contingent upon successful completion of a drug screen to be conducted at the expense of CopyPro and at a location to be designated by CopyPro. I further understand that, if heavy lifting is involved in the position for which I am applying, I must also pass a pre-employment physical.

Date: \_\_\_\_\_

(Required Disclosure)



To Applicant: \_\_\_\_\_

CopyPro, Inc. may obtain a consumer credit report on you from a consumer credit reporting agency for employment purposes.

No such report has been obtained as of this date.

Date: \_\_\_\_\_



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

# NOTIFICATION AND RELEASE

Company Name CopyPro, Inc.

Account Manager Whitney Vaughn

Company ID 6169

The information contained in my application for employment with (company name) CopyPro Inc. (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by the The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations name or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and afflicted companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use if, either a consumer report and/or investigative report, including any errors or omissions contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc collect at (910) 815-3880 or toll free at (888)520-0520. The Company will make available to you "A Summary of Your Rights Under the Fair Credit Reporting Act".

## PLEASE PRINT

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth (mo/day/yr) \_\_\_\_\_

Maiden Name or "AKA" (First, Middle, Last) \_\_\_\_\_ Date Used (yr) from \_\_\_\_\_ to \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Current and previous address(es). PROVIDE ALL ADDRESS FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street \_\_\_\_\_ From \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_ To \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_ To \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_ To \_\_\_\_\_

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

signature required

### FOR EMPLOYER USE ONLY

Contact: Anita Sutton Email: anitasutton@copypro.net  
Phone: 252-756-3175 Fax: 252-756-1905

<input type="checkbox"/> County Criminal-All Counties past 7 years	<input type="checkbox"/> Social Security Verification
<input type="checkbox"/> County Criminal- County of Residence	<input type="checkbox"/> Residency History
<input type="checkbox"/> Statewide Criminal - (State: _____ )	<input type="checkbox"/> Employment Verification (previous _____ employers)
<input type="checkbox"/> Federal Criminal – Nationwide	<input type="checkbox"/> Reference verification ( _____ References )
<input type="checkbox"/> Federal Criminal – Statewide (State: _____ )	<input type="checkbox"/> Education Verification (highest completed)
<input type="checkbox"/> Civil Records – County of Residence	<input type="checkbox"/> Professional License Verification
<input type="checkbox"/> Civil Records – (All counties past 7 years)	<input type="checkbox"/> Credit Report – Employment
<input type="checkbox"/> Parole & Probation Records (State: _____ )	<input type="checkbox"/> Credit Report - Tenant
<input type="checkbox"/> Sexual Offender Index Check (State: _____ )	<input type="checkbox"/> Search Maiden Name, Birth Name or "AKA"
<input type="checkbox"/> Motor Vehicle Records (State: _____ )	(each name constitutes an additional search)

N.C. Department of Transportation  
Division of Motor Vehicles

DRIVER LICENSE SECTION

Driver Privacy Protection Act Authorization  
To Disclose Personal Information (DL-DPPA-2)

I understand that personal information contained in my Motor Vehicle records is protected by the federal Privacy Protection Act and N.C. General Statutes 20-43.1. I hereby authorize that the personal information in my file may be released to the following person:

Person to receive information : \_\_\_\_\_  
(please print clearly)

Your signature: \_\_\_\_\_

Your full name as it appears on your license (print clearly):

\_\_\_\_\_

Your Driver License/ID Number: \_\_\_\_\_

Date: \_\_\_\_\_