

# Application For Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name

Address

City

State

Zip

Phone number

Email address

Are you legally eligible to work in the US?

Yes

No

Are you a veteran?

Yes

No

If selected for employment are you willing to submit to a background check?

Yes

No

## Position

Position you are applying for

Available start date

Desired pay

Employment desired

Full time

Part time

Seasonal/Temporary

## Education

| School name | Location | Years attended | Degree received | Major |
|-------------|----------|----------------|-----------------|-------|
|             |          |                |                 |       |
|             |          |                |                 |       |
|             |          |                |                 |       |
|             |          |                |                 |       |

## References

(business and professional only)

| Name | Title | Company | Phone |
|------|-------|---------|-------|
|      |       |         |       |
|      |       |         |       |
|      |       |         |       |
|      |       |         |       |



## EMPLOYMENT HISTORY FORM

### EMPLOYMENT HISTORY

Begin with the most recent employment history-at least the past ten years.

Company Name                      Address - City                      State                      City                      ( Area Code) Phone Number

Specific Duties

Job Title                      Supervisor                      Employed From - To:

Reason for leaving employment

Company Name                      Address - City                      State                      City                      ( Area Code) Phone Number

Specific Duties

Job Title                      Supervisor                      Employed From - To:

Reason for leaving employment

Company Name                      Address - City                      State                      City                      ( Area Code) Phone Number

Specific Duties

Job Title                      Supervisor                      Employed From - To:

Reason for leaving employment

Company Name                      Address - City                      State                      City                      ( Area Code) Phone Number

Specific Duties

Job Title                      Supervisor                      Employed From - To:

Reason for leaving employment

May we contact the employers listed?                       Yes                       No

If no, indicate the one/s you do not wish us to contact: \_\_\_\_\_

\_\_\_\_\_

# Employee Emergency Contact Form

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

Job Title: \_\_\_\_\_

This information can be extremely important in the event of an accident or medical emergency.  
Please complete all fields below.

|                        |  |
|------------------------|--|
| Emergency Contact Name |  |
| Relationship           |  |
| Phone (Day)            |  |
| Phone (Evening)        |  |
| Address                |  |

|                        |  |
|------------------------|--|
| Emergency Contact Name |  |
| Relationship           |  |
| Phone (Day)            |  |
| Phone (Evening)        |  |
| Address                |  |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

|                                  |   |                         |                           |                |                                |                |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name)          |   | First Name (Given Name) |                           | Middle Initial | Other Last Names Used (if any) |                |
| Address (Street Number and Name) |   |                         | Apt. Number               | City or Town   |                                | State ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>[ ][ ] - [ ][ ] - [ ][ ][ ][ ] |                         | Employee's E-mail Address |                | Employee's Telephone Number    |                |

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

|  |  |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States   |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)  |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____  |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. (See instructions)  |  |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| QR Code - Section 1<br>Do Not Write In This Space  |  |

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |  |                           |                |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator |  | Today's Date (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |

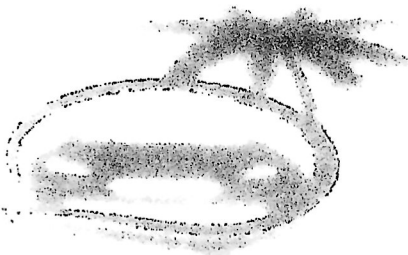


Employer Completes Next Page









GRAND STRAND AUTO AUCTION, LLC

### Release

\_\_\_\_\_, ("Contractor"), On behalf of itself and its officers, employees, agents, attorneys, parent and subsidiary entities, successors, and assigns, does hereby release, acquit and forever discharge Grand Strand Auto Auction, LLC, it's subsidiaries, officers, agents, employees, attorneys, successors, and assigns from any and all liability for claims for workers' compensation benefits, and all consequences thereto, relating to liability for bodily injury and/or illness (the "Claims") arising in connection with the Contractors scope of work under the Contract Agreement/Agreements, by and between Contractor and Grand Strand Auto Auction LLC, which Contractor may now or hereafter have, resulting or which may or will not result or arise out of, directly or indirectly, the Claims.

Contractor Name \_\_\_\_\_ Title \_\_\_\_\_

Signature of Contractor/Date \_\_\_\_\_

\*\*\*\*\*NOTARY to complete the section below\*\*\*\*\*

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, personally appeared

\_\_\_\_\_, who I am satisfied is the person signed the within instrument and he/she did acknowledge that he/she signed and delivered this instrument as the (officer)(contractor)above stated.

\_\_\_\_\_, Notary Public

\_\_\_\_\_ My commission expires



# Grand Strand Auto Auction

I, \_\_\_\_\_, am a self contractor for Grand Strand Auto Auction.

I have agreed to be paid \$\_\_\_\_\_ an hour straight time, regardless of my hours. I am not promised any set number of hours per day, per week, or per month. I understand that I am a need base employee. I further understand that my hours of work could be no hours per day to 24 hours per day. I agree to have my own health/medical benefits, workers compensation benefits, unemployment benefits, pay my own state and federal taxes, and all other taxes mandated by the state and federal government. I release Grand Strand Auto Auction from any liability to any of the above mentioned or not.

Contractor: \_\_\_\_\_

Signature of Contractor /Date \_\_\_\_\_

\*\*\*\*\*NOTARY to complete the section below\*\*\*\*\*

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, personally appeared

\_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_, who I am satisfied is the person signed the within instrument and he/she did acknowledge that he/she signed and delivered this instrument as the (officer)(partner)above stated, and that the foregoing instrument is the act and deed of said (Corporation)(Partnership)

\_\_\_\_\_ Notary Public

\_\_\_\_\_ My commission expires

## GRAND STRAND AUTO AUCTION

### HARASSMENT POLICY

The company believes that every employee has the right to a work environment free of unwelcome verbal or physical conduct which harasses, disrupts, or interferes with the individual's work performance or which creates an intimidating, offensive, or hostile environment. In addition, various laws and regulations generally prohibit employment decisions from being made on the basis of race, sex, religion, national origin, age, disability, or other protected factor. The company will not tolerate its employees engaging in this type of behavior.

**Employee Harassment** is any unwelcome conduct that illegally discriminates against you or another employee, unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. This would include harassment based upon an individual's race, color, religion, sexual orientation, marital status, gender, family status, age, creed, physical or mental disability, or other protected classifications. Examples of such conduct include, but are not limited to, any language or behavior that belittles or puts down members of the opposite sex, racial slurs, chastisement for religious beliefs, or any other derogatory actions or comments. Obviously, not all conduct prohibited by this policy constitutes a violation of the law.

**Sexual Harassment** means unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature where:

- ◊ Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- ◊ Submission to or rejection of such conduct is used or threatened to be used as the basis for employment decisions affecting such individual; or
- ◊ Such conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment.

Sexual harassment may include sexual propositions, sexual innuendo, display of foul or obscene printed material, or inappropriate physical contact.

If you become aware of a situation involving unwelcome and inappropriate behavior directed toward you, whether it is by a fellow employee, a member of management, a customer, a vendor, or a member of the general public, you should report it immediately to your supervisor. If for any reason you do not feel that you can speak to your supervisor about the situation, or if you feel your supervisor has not properly handled your complaint, you should report the problem to **Tony Frink in person or at 719-510-9720.**

In order to avoid misunderstandings, complaints made to members of management require completion of a Harassment Report Form, which may be filled out by the employee or the manager to whom it is reported.

Upon receipt of a complaint under this policy, the company will initiate a prompt investigation of the situation. The investigation will document the responses of all individuals involved. Confidentiality of all parties involved will be respected to the utmost extent possible.

Any disciplinary action taken in response to the findings of a harassment complaint will be based on the individual circumstances of each situation. If management concludes that a complaint of harassment has merit, the offending employee will be subject to disciplinary action, up to and including discharge.

The company prohibits retaliation against employees who, in good faith, have filed complaints of harassment, even if insufficient evidence is found to support the complaint.

I have read and understand the company's Harassment Policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## GRAND STRAND AUTO AUCTION

### **COMPANY POLICY ON SUBSTANCE ABUSE AND SUBSTANCE ABUSE TESTING OF APPLICANTS AND EMPLOYEES**

All employees of the Company are prohibited from possessing, swallowing, inhaling, injecting, dealing in, or otherwise using illegal drugs and substances (such as marijuana, cocaine, LSD, heroin, etc.) and prescription drugs which are not prescribed for the employee's own use. This prohibition applies to use at any time, both on the job and off the job. Company employees are, of course, permitted to possess any substance when required by their jobs or for the purpose of lawful delivery to another person.

All employees are prohibited from reporting to work or being at work while under the influence of alcohol. Unless expressly authorized by the General Manager, employees are prohibited from bringing alcoholic beverages onto Company premises or into a Company vehicle.

All applicants tentatively selected for employment with the Company shall be given a drug screen following a conditional offer of employment. An applicant who tests positive for the illegal use of drugs, or who fails to produce a valid sample for analysis, shall have his/her conditional offer of employment withdrawn by the company. The individual may not apply for employment for a period of one year from the date of testing unless it is demonstrated that a rehabilitation program has been successfully completed. If the applicant has already started work at the time the unacceptable test results are received, employment may be terminated.

Random testing of employees for drugs and/or alcohol may be conducted throughout the year. After an employee has been randomly selected for testing, his or her name or identification will be returned to the "random testing pool" for possible future selection.

Any employee involved in a job-related accident which is recordable under OSHA regulations, reportable to our Workers' Compensation insurance carrier, results in off-site medical treatment, or results in an injury to another person or damage to property, whether or not he or she is deemed to be at fault, shall be tested for drugs and/or alcohol as soon as possible following such accident. A positive drug or alcohol test following such accident may also result in a delay or denial of Workers' Compensation benefits.

If the conduct of an employee provides a reasonable suspicion that the employee may be under the influence of drugs and/or alcohol, the employee may be required to submit to a test for drugs and/or alcohol.

An employee who tests positive for the presence of alcohol or illegal or improperly prescribed drugs may be subject to disciplinary action up to and including dismissal.

If an employee's test is positive, he/she may request a retest of the same sample. However, the cost of the retest will be the responsibility of the employee.

Refusal to submit to a drug or alcohol screen or failure to produce a valid sample for analysis will be treated the same as a positive test result.

**EACH APPLICANT AND EMPLOYEE SHOULD CLEARLY UNDERSTAND THAT NOTHING CONTAINED IN THIS POLICY CREATES OR CONSTITUTES A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS "AT-WILL" AND MAY BE TERMINATED BY THE COMPANY OR THE EMPLOYEE AT ANY TIME FOR ANY OR NO REASON. THE COMPANY RESERVES THE RIGHT, TO REVISE AMEND, OR ELIMINATE THIS POLICY, AT ANY TIME AND IN ANY MANNER IT DEEMS APPROPRIATE.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

GRAND STRAND AUTO AUCTION

SUBSTANCE ABUSE SCREENING CONSENT & RELEASE FORM

I understand and consent freely and voluntarily to the Company's request for a urine or other specimen or sample. I hereby release and hold harmless the Company, the medical review officer or other medical professionals, and the laboratory and its employees, agents, and contractors from any liability arising from this request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning my application for employment or my continued employment based on the results of the tests. I consent to allow the laboratory, hospital, medical review officer, or other medical professional to perform appropriate chemical tests for the presence of alcohol, drugs, or other controlled substances. I give my permission to any Company employee, laboratory, hospital, medical review officer, or other medical professional to release the results of these tests to the Company, and I release any such designated institution or person from any liability whatsoever arising from the release of this information.

I understand and agree that a refusal or failure on my part to agree to take a drug or alcohol test or to provide a valid specimen or sample for analysis will result in the termination of my employment. I further understand that a positive test result for alcohol, illegal drugs, or other substances for which I do not have a doctor's prescription, which I am following, may result in disciplinary action, up to and including termination of employment.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Employee Name Printed



**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I hereby authorize \_\_\_\_\_, hereafter called COMPANY;  
to initiate credit entries (and/or any subsequent correction entries) to my

\_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

located at the financial institution indicated below:

Financial Institution \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
(Attach a voided CHECK to authorization)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization will remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

---

**Termination of This Agreement:** You may cancel this agreement by giving us written notice.

Your notice will be effective \_\_\_\_\_ ( ) days after we receive it.

Effective \_\_\_\_\_ (date) the undersigned cancels this debit authorization agreement.

Signed \_\_\_\_\_