

AN EQUAL OPPORTUNITY EMPLOYER

It is Brown & Pipkins, LLC, Acsential Services' policy not to unlawfully discriminate against any employee or applicant for employment on the basis of race, color, religion, national origin, sex, sexual preference or orientation, marital status, age, physical or mental disability, or status as a special disabled veteran or veteran of the Vietnam era. If you believe that you have been discriminated against, you may notify the Employment office manager or a federal, state or local fair employment practice agency.

APPLICATION FOR EMPLOYMENT	Date
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Personal Data

Last Name	First Name	Middle Name
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Street Address	Apt. #	City	State	Zip Code	County
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Date Available to Work

Daytime Telephone Number () ()	Cell Phone Number () ()	E-Mail Address
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Employment Eligibility: To be employed by Acsential Services, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by Acsential Services, and no felony convictions (for some jobs). Please answer the following questions.

<p>1. Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Are you an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>3. Have you ever been dismissed from any Acsential Services position? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach an explanation.</p>
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Have you ever been convicted of a felony? Yes No
If YES, attach an explanation.

Specific Job Title Sought

<p>1. Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If part-time only, what days and hours can you work?</p>	<p>3. Will you work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Current Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	Expiration (Mo./Yr.)
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Other Professional License/Certificate:	License Number	Expiration (Mo./Yr.)
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EDUCATION

Circle last year completed)

High School Graduate or Equivalent (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
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Trade School	Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
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College	1	2	3	4	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	Degrees:
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BROWN & PIPKINS, LLC

ACSENTIAL ✦ ACSENTIAL CONSTRUCTION ✦ ACSENTIAL SERVICES ✦ ACSENTIAL TECHNOLOGIES

EMPLOYEE ACKNOWLEDGEMENT OF SEXUAL HARASSMENT POLICY

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser's conduct must be unwelcome.

By signing this document, I acknowledge that I have read the Acsential company policy regarding sexual harassment. I further understand that incidents of sexual harassment, substantiated by investigation, violate this policy are grounds for disciplinary action up to and including termination.

Name :

Signature :

Date :

P.O. Box 312245, Atlanta, GA 31131, USA ✦ 404-349-9030 (Voice) ✦ 404-349-8848 (Fax)
✦ acsential.com ✦

Submit

1. EMPLOYER		Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time (# Hrs.)
Phone Number ()		Are you currently working for this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, may we contact them at this time?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not currently employed here, reason for leaving (Please explain):				Your name while you were employed (if different from your present name):			

2. EMPLOYER		Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time (# Hrs.)
Phone Number ()		Reason for Leaving (Please explain):					

3. EMPLOYER		Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time (# Hrs.)
Phone Number ()		Are you currently working for this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, may we contact them at this time?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not currently employed here, reason for leaving (Please explain):				Your name while you were employed (if different from your present name):			

4. EMPLOYER		Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time (# Hrs.)
Phone Number ()		Reason for Leaving (Please explain):					

CERTIFICATION-PLEASE READ, SIGN AND DATE
Unsigned applications will not be processed.

I authorize any agent or employee of Brown & Pipkins, LLC Acsential Services to verify this information and to release it to anyone who may consider me for employment.

I acknowledge that the Company follows an employment-at-will policy, such that I or the Company may terminate my employment at any time for any reason. I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States and show the Company documentation that will prove this.

I understand and agree that my pervious employers may be contacted and that an investigative report may be generated on me. I fully consent to and understand that Acsential Services may request information from public and private sources about any of the information noted in this application.

I certify that all the statements herein are true and accurate and understand that any falsification or omission on this form or attachments shall result in dismissal.

Your Signature: _____ Date: _____

Submit

AFFIRMATIVE ACTION PROGRAM

It is Brown & Pipkins, LLC, Acsential Services policy not to discriminate against any employee or applicant for employment on the basis of race; color; religion; national origin; sex; sexual orientation; gender identity, characteristics or expression; marital status; age; physical or mental disability; or status as a special disabled veteran, veteran of the Vietnam era or other covered veteran

The information requested in this questionnaire is being gathered, not for employment decisions, but for record keeping in compliance with Federal laws. Your responses are strictly voluntary, and any information provided will be kept confidential. If you choose not to "self-identity," you will not be subject to any adverse treatment. In this instance, we are required under Federal regulations to maintain race and gender information on the basis of visual observation or personal knowledge.

Also, please understand that the categories provided are set by Federal regulation. If you choose to self-identify but feel the categories do not represent you (e.g., you are of mixed racial heritage), please select the category in which you would prefer to be counted. If you do check more than one category, we will have to make our own determination, based on visual observation or personal knowledge, of which one to record.

Name (please print) _____

Social Security Number _____

If you do not wish to furnish this information, please initial _____

Race/Gender Information

If you wish to furnish this information, please check one category in each section.

Male Female

American Indian or Alaskan Native
All persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander
All persons having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands, and who maintain cultural identification through tribal affiliation or community recognition.

Black
All persons having origins in any of the Black racial groups of Africa.

Hispanic
All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.