

EPIC COMMUNICATIONS, INC.
Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	DOB	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available		Social Security No.		Desired Salary		
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

LOSS CONTROL SERVICES FROM EPIC, INC.

EPIC VEHICLE FLEET SAFETY POLICY

Policy

The purpose of this Policy is to ensure the safety of those individuals who drive Company vehicles. Vehicle accidents are costly to our Company but, more importantly, they may result in injury to you or others. It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. As such, the Company endorses all applicable state motor vehicle regulations relating to driver responsibility. The Company expects each driver to drive in a safe and courteous manner pursuant to the following safety rules. The attitude you take when behind the wheel is the single most important factor in driving safely.



Dwayne Griffin, President

Driver Eligibility

- In the event that an employee is involved in an accident while driving his/her own vehicle on Company business, your employer may be liable if you do not have insurance or if the loss exceeds your policy limits. Employees who use their personal vehicles for Company business are required to carry adequate limits of liability with a suggested minimum of \$100,000 for property damage and \$300,000 for bodily injury. A copy of the declaration page of your personal automobile insurance policy must be provided to **EPIC** annually at your renewal date.
- Drivers must have a valid driver's license for the type of vehicle to be operated and keep the license(s) with them at all times while driving. All COL drivers must comply with all applicable D.O.T. regulations including successful completion on medical, drug and alcohol evaluations.
- Company vehicles are to be driven by authorized employees **ONLY** except in emergencies or in case of repair testing by a mechanic. Other employees and family members are not authorized to drive the Company vehicle.
- Company vehicles are to be driven for Company Business **ONLY**. Personal use of Company vehicles is prohibited. No unauthorized persons are allowed to ride in Company vehicles.
- Any employee who has a driver's license revoked or suspended shall immediately notify **EPIC** and discontinue operation of the company vehicle. Failure to do so may result in disciplinary action including dismissal.

The information and suggestions contained in this bulletin have been developed from sources believed to be reliable. However, EPIC accepts no legal responsibility for the correctness or completeness of this material or its application to specific factual situations.

LOSS CONTROL SERVICES FROM EPIC, INC.

EMPLOYEE AUTHORIZATION FOR MVR REVIEW

I acknowledge that the information contained in the Company's Vehicle Fleet Safety Policy has been reviewed with me and a copy of the policy and driver rules have been furnished to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

PRINT EMPLOYEE'S NAME

DRIVER'S LICENSE NUMBER

STATE

EMPLOYEE'S SIGNATURE

DATE

REVIEWER'S SIGNATURE

DATE

(Sign and retain the original copy in the employee's file)

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PO Box 350
Driftwood, Texas 78619
(512) 858-2200 Office
(512) 858-2424 Fax

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Epic Communications, Inc to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Epic Communications, Inc will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Employee's Name - Printed