



Bechtel Plant Machinery, Inc.

Quality, Integrity, Excellence

Pittsburgh, PA

Schenectady, NY

Applicant Acknowledgment

Have you ever been convicted of a crime? Yes No

Please include felonies and misdemeanors.

If yes, please provide city and state of conviction, and specific details of conviction. A conviction may not necessarily disqualify you from employment. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position, and all other appropriate circumstances will be considered.

Certification/Signature:

I certify that my responses above are current and truthful and I understand that a false statement may be grounds for an adverse employment action, at any time, regardless of when discovered.

Signature

Today's Date

Print Full Name (First Middle Last)

Applicant Authorization and Release

1. I understand, authorize, and consent to Bechtel Plant Machinery, Inc. (BPMI) or its agents now or at some future date conducting such investigations into matters related to my character, general reputation, conduct, personal characteristics, employment history, credit history, criminal record, etc., in order that my application for employment may be more fully evaluated. I authorize all schools, former employers, references, other organizations, and persons to release any and all information in their possession to the above organization. If such inquiry is made, the nature and scope will be made known to me upon written request. I authorize appropriate authorities to conduct audits of information developed by such investigations. I understand and agree that this information may be obtained for employment purposes as part of the pre-employment background investigation and at anytime during my employment. If hired, I understand that this authorization shall remain on file and shall serve as an ongoing authorization to procure reports at any time during my employment with BPMI.
2. If applicable, medical and worker’s compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
3. I acknowledge that a fax or a photographic copy of this release shall be as valid as the original.
4. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer, insurance company, any other agency, organization, or person contacted by BPMI or its agents to furnish the information described in Section I.
5. Notice to New York Applicants – By signing below, you acknowledge receiving a copy of Article 23-A of the New York Correction Law, governing the licensure and employment of persons previously convicted of one or more criminal charges.

Complete the Following to Indicate Agreement with the Above:

Print Full Name (First Middle Last)

Signature

Today’s Date

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Print Other Name(s) You Have Used

Dates Others Names Have Been Used

Home Address

City, State

Zip Code

Date of Birth

Social Security Number