



APPLICATION FOR EMPLOYMENT CALIFORNIA

Equal Employment Opportunity Policy: We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, disability or any other protected status in accordance with all applicable federal, state and local laws.

Position Desired: _____ [] Part time [] Full time Date _____

Name: _____
(Print) Last First Middle

Present Address _____ How long have you lived there? _____
Street and Number City State Zip Code Years Months

Previous Address _____ How long did you live there? _____
Street and Number City State Zip Code Years Months

Telephone No. _____ Mobile No. _____

Email Address: _____

Have you ever worked for this Company before? [] Yes [] No
If Yes, please give dates and position: _____

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? [] Yes [] No
If Yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you are currently out on bail or on your own recognizance pending trial?
[] Yes [] No
If Yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions).

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer	Employed	Pay	Your Title or Position	Exact Reason for Leaving
Address _____	From (mo/yr) _____	\$ _____ Start	_____	
City, State, Zip Code _____	To (mo/yr) _____	\$ _____ Final	Name and Title of Last Supervisor _____	
Telephone _____			_____	

Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u>
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u>
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u>
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u>

Have you ever been terminated or asked to resign from any job? [] Yes [] No

If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? [] Yes [] No - If No, please explain:

Please indicate any actual experience, special training, or qualifications that you have which you feel are relevant to the position for which you are applying. _____

Have you ever used another name? [] Yes [] No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If Yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? [] Yes [] No

Do you have adequate transportation to and from work? [] Yes [] No

Are you referred by a National CORE employee? [] Yes [] No

If Yes, please indicate employees' name: _____

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well -- **not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right [].

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). Further, this Agreement shall not prevent either me or the Company from obtaining provisional remedies to the extent permitted by Code of Civil Procedure Section 1281.8 either before the commencement of or during the arbitration process. In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and the Company give up our right to trial by jury of any claim I or the Company may have against each other.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by myself and the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

SIGNATURE OF APPLICANT

DATE



APPLICANT IDENTIFICATION DATA EQUAL OPPORTUNITY EMPLOYMENT/AAP

TO THE APPLICANT: The information requested on this form is required by the regulations of the California Department of Fair Employment and Housing. Employers are required to keep this record on file for a period of two years. For your protection, employers are ordered to store the records in a different location away from your application. The information is for data purposes only, and supplying it is voluntary on your part.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

I PREFER NOT TO COMPLETE THIS FORM _____
Signature Date

PLEASE PRINT

Name _____ Date _____

Position Applied for: (List only one) _____

Recruiting Reference:

- | | | |
|--|---|---|
| <input type="checkbox"/> Walk- In | <input type="checkbox"/> Monster | <input type="checkbox"/> Other Source _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Career Builder | <input type="checkbox"/> Company Website |
| <input type="checkbox"/> Employee Referred | <input type="checkbox"/> Yahoo Hot Jobs | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Job Fair | | |

What is your:

Sex: Male _____ Female _____

Race/Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) |
| <input type="checkbox"/> Asian (not Hispanic or Latino) | <input type="checkbox"/> Two of more Races (not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (not Hispanic or Latino) | |

Optional: Age: _____

Religion: _____

Marital Status: _____

Disability: _____

Are you a Vietnam Era Veteran? Yes _____ No _____

A person who served on active duty for a period of more than 180 days any part of which occurred between 8-5-64 and 5-7-75, and was discharged or released therefrom with other than a dishonorable discharge or a service connected disability.

Are you a disabled veteran? Yes _____ No _____

A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Do you have a mental or physical disability? Yes _____ No _____

A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment.



AUTHORIZATION FOR INVESTIGATIVE CONSUMER REPORT

A consumer report will be or has been ordered from Unisource Screening & Information, Inc., (hereinafter "Agency") which is located at P.O. Box 159 Rancho Cucamonga, CA 91729. Their toll free phone is (800)525-6972.

I, _____, authorize Agency, Unisource Screening, (ICRA - Investigative Consumer Reporting Agency), its agents or assigns, to obtain from any lawful source, (public or private) information on me which may include my character, general reputation, personal characteristics, and mode of living. This information may be obtained from, but is not limited to government or private agencies, information concerning me, civil and criminal records and data including related education, credit, and employment, by and through any legal representatives for a period of six (6) months from this date. I understand this data will not be used for credit or any unlawful purpose and that I can instruct Agency to decline to provide my prospective employer with my age, race, religion or other material prospective employers are not entitled to and further understand that report to prospective employer will not be provided to third persons and will only be used by prospective employer to determine my employment and no other purpose.

Please provide the following information:

Print Full Name: _____
Present Address: _____ **City** _____ **St** _____ **Zip** _____
Social Security Number: _____
Date of Birth: (For Identification purposes only) _____/_____/_____
Driver's License Number: _____ **State of Issue:** _____

During this background investigation, you may need to be contacted by your prospective employer or its agent for additional information pertaining to your investigative consumer report. Please provide a current telephone number where you may be reached.

Day Time Phone: () _____ - _____ Night Time Phone: () _____ - _____

Signature: _____ Date: ____/____/____

California Minnesota and Oklahoma Residents Only:
If a consumer credit report were ordered, would you like a free copy of the report mailed to your home, directly from the Credit Bureau?
YES _____ NO _____
California Residents Only:
I would like a copy of my Investigative Consumer Report sent to the above listed address: YES _____ NO _____



**IMPORTANT NOTICE
CONCERNING INVESTIGATIVE CONSUMER REPORTS**

In connection with your application for employment or your employment (including contract for services), we may obtain an investigative consumer report on you from Unisource Screening and Information, Inc. (P. O. Box 159 Rancho Cucamonga, CA 91729).

This report may contain information bearing on your character, general reputation, personal characteristics or mode of living, from public or private records sources or through personal interviews with your neighbors, friends, associates or educational facility. ¹ Further, we will be requesting information from various federal, state, local and other agencies about your past activities.

The nature and scope of the investigation we are requesting is: written report about you covering public record information, criminal records, driving record, education, and prior employment. ² These reports will include experiences others have had with you, along with reasons for termination of past employment. ³

The law requires that we provide you with this disclosure not later than three (3) days after the date on which this report is first requested. The law also requires that we provide you with a copy of the report and information on who issued the report and how to contact them, either at the time of our interview with you or within seven (7) days of the date we received the report, whichever is earlier.

Attached to this notice is a **Summary of your Rights under California Law with respect to Investigative Consumer Reports** (“Summary”).

By signing below, you acknowledge receipt of this Notice and the attached Summaries.

Date

Applicant’s/Employee’s Signature

Print Name

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment ? or to take another adverse action against you ? must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your ?file disclosure?). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit prescreened offers of credit and insurance you get based on information in your credit report.** Unsolicited prescreened offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-5OPTOUT (1-800-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit: www.ftc.gov/credit

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051