

APPLICATION

FOR

EMPLOYMENT

An Equal Employment Opportunity Employer

PERSONAL INFORMATION

(Please Type or Print)

Date: _____ SS#: _____ - _____ - _____

Full Name	Last	First	Middle
Current Address	City	State	Zip
Telephone () _____	Message Phone () _____		
Work Phone () _____	May we call you at work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Position applying for:			
Will you accept:		What is your salary requirement?	
<input type="checkbox"/> Full-Time? <input type="checkbox"/> Part-Time? <input type="checkbox"/> Temporary? <input type="checkbox"/> On-Call? <input type="checkbox"/> Night? <input type="checkbox"/> Saturdays? <input type="checkbox"/> Sundays?			
What date will you be available to start employment? _____			
How did you find out about this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> EDD			
<input type="checkbox"/> Other (please specify) _____			

CHECK YES OR NO TO EACH OF THE FOLLOWING QUESTIONS. EXPLAIN WHEN NECESSARY.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you over 18 years of age? (If no, a work permit or proof of emancipation will be required.) |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a valid California driver's license? (A current motor vehicle report may be required if driving is necessary for the position for which you are applying.) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Can you provide proof after you are hired that you can legally work in the United States? (If hired, you will be required to submit proof of the legal right to work in the United States.) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony? A conviction will not necessarily be a bar to employment - all factors involved will be considered. (Do not include minor traffic violations.)
If yes, when, where and disposition of case:
_____ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Can you, with or without accommodation, perform all of the essential functions of the job for which you are applying? |

EDUCATION/TRAINING

1. Name and location of schools (high school, college, trade, business or correspondence)

Name	Location	Graduate?	Subjects Studied	Degree

2. **Special Training:** List any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.
- _____

3. **Licenses/Certificates:** List any licenses or certificates you have which may help to qualify you for the position for which you are applying. Include driver's license, typing, steno or software certificates, professional registration, etc.

Title	State	Number	Date Issued	Date Expires

4. Languages which you can fluently: Speak _____, Read _____
Write _____

EMPLOYMENT HISTORY

List your entire work experience BEGINNING WITH YOUR PRESENT OR LAST JOB. Show promotions as separate jobs. Be sure to include appropriate military experience. If you need additional space, please supply all requested information on a separate sheet and attach to this application.

IMPORTANT: Check box (☐) if the job gave you specific experience in the position for which you are applying.

☐ Dates of Work
 From _____ Mo. Yr.
 To _____ Mo. Yr.
 Full-Time ☐
 Part-Time ☐
 Hrs. per Week _____

Employer's Name _____ Phone# _____
 Address _____
 Supervisor's Name _____ Title _____
 Your Title _____ Wage (hr/mo) _____
 Describe Your Duties _____
 Reason for Leaving _____

☐ Dates of Work
 From _____ Mo. Yr.
 To _____ Mo. Yr.
 Full-Time ☐
 Part-Time ☐
 Hrs. per Week _____

Employer's Name _____ Phone# _____
 Address _____
 Supervisor's Name _____ Title _____
 Your Title _____ Wage (hr/mo) _____
 Describe Your Duties _____
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☐ Dates of Work
 From _____ Mo. Yr.
 To _____ Mo. Yr.
 Full-Time ☐
 Part-Time ☐
 Hrs. per Week _____

Employer's Name _____ Phone# _____
 Address _____
 Supervisor's Name _____ Title _____
 Your Title _____ Wage (hr/mo) _____
 Describe Your Duties _____
 Reason for Leaving _____

Yes No

☐ ☐ May we contact your current employer if we consider you for the job? If no, please explain:

If employed, why are you leaving your current position? _____

The company either may request, or has decided to request, consumer reports or investigative consumer reports in connection with your application for employment or during the course of your employment (if any), with the company. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee. Such reports, if obtained, will be prepared by a consumer reporting agency and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. The types of reports that may be requested, include, but are not limited to, credit reports, criminal records checks, court records checks, and/or summaries of educational and employment records and histories. The information contained in such reports may be obtained from public record sources or through personal interviews with your neighbors, friends, associates, current or former employers, or other personal acquaintances.

I certify that the information contained in this application is true and correct and complete to the best of my knowledge and belief. I understand that any false statement, omission or misrepresentation of facts in connection with this application can be cause for rejection of my application, or if I am employed, for my dismissal from employment. I also understand that I am required to abide by all rules and regulations of the Employer.

I hereby understand and acknowledge that if I am employed, my employment relationship with the Employer is of an "at-will" nature, which means that I may resign at any time and the Employer may discharge me at any time, with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any statement or conduct of any person, unless such change is specifically acknowledged in writing, signed by the President/CEO of the Employer.

I acknowledge that no other promises, agreements or representations have been made contrary to this "at-will" employment agreement, and that this agreement, as acknowledged by my signature below, is the full and complete agreement governing the Employer's and my rights and obligations concerning termination of my employment.

Signature of Applicant _____ Date _____

Applications will be maintained in an active file for a period of 90 days and then transferred to an inactive status for a period of one year from date received.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, physical or mental disabilities, or any other legally protected status.

DISCLOSURE AND AUTHORIZATION

DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES ON BEHALF OF:

LIFETIME ADOPTION

A consumer report or investigative consumer report including information about your character, general reputation, personal characteristics, or mode of living may be obtained. According to the Fair Credit Report Act, upon receiving a written request, Employment Screening Services, Inc. (627 E. Sprague, Suite 100, Spokane, WA 99202, 1-800-473-7778) will provide information regarding the nature and scope of the report, should it include information about your character, general reputation, personal characteristics or mode of living and a summary of your rights.

The ESS privacy policy can be found at www.essprivacy.com

California Residents: Per California Civil Code 1786.16, you will be notified in writing of the nature and scope of the investigative consumer report should one be required, including a summary of the provisions in section 1786.22.

MA, ME, and WA Residents: Per state civil codes, upon written request, you will receive a copy of the consumer report upon its completion.

AUTHORIZATION

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, credit history, educational transcripts, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to Employment Screening Services, Inc. and/or its agents or representatives. (In accordance with the federal American with Disabilities Act, a worker compensation claim search will not be requested unless a conditional job offer has been made.) I understand that if hired, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to the company Human Resources office.

FULL NAME (Type or Print Legibly)

LIST ANY OTHER NAMES UNDER WHICH YOU HAVE WORKED OR RECEIVED A DEGREE

STREET ADDRESS

CITY, STATE, ZIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH*

DRIVER'S LICENSE NUMBER

STATE OF ISSUE

NAME EXACTLY AS IT APPEARS ON DRIVERS LICENSE

POSITION FOR WHICH YOU ARE APPLYING

MAY WE CONTACT YOUR CURRENT EMPLOYER? (✓ below)

YES NO NOT APPLICABLE

**The DOB is used for identification purposes only and plays no part in the selection process. All federal and states rights are respected. Year of Birth optional.*

CA, OK, & MN APPLICANTS ONLY:

You have the right to receive a copy of any consumer reports or investigative consumer reports should one be requested on you for employment reasons.

I wish to be furnished with a copy of my consumer and/or investigative consumer report should one be ordered.



SIGNATURE

X SIGN HERE:

DATE:

Rev 12/05 ESS Disclosure form

Applicant to keep these two pages

*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 identity 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 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.

To Be Given To California Applicants Only

NOTIFICATION PER CALIFORNIA CIVIL CODE 1786.16

According to the provisions of the California Investigative Consumer Reporting Agencies Act (Civil Code 1786.16), we are providing a written notification that an Investigative Consumer Report* on you was requested as part of the applicant selection process.

California law defines an "investigative consumer report" as "a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through any means. The term does not include a consumer report or other compilation of information that is limited to specific factual information relating to a consumer's credit record or manner of obtaining credit obtained directly from a creditor of the consumer or from a consumer reporting agency when that information was obtained directly from a potential or existing creditor of the consumer or from the consumer."

Employment Screening Services, Inc., will conduct the investigative consumer report. The nature and scope of the report is:

- | | |
|---|--|
| <input type="checkbox"/> Credit Report | <input type="checkbox"/> Identification Report |
| <input type="checkbox"/> Social Security Trace | <input type="checkbox"/> Criminal History Search |
| <input type="checkbox"/> Motor Vehicle Report | <input type="checkbox"/> Civil Litigation Report |
| <input type="checkbox"/> Worker Compensation Report | <input type="checkbox"/> Employment Verification |
| <input type="checkbox"/> Education Verification | <input type="checkbox"/> Reference Check |
| <input type="checkbox"/> Professional License Check | <input type="checkbox"/> Drug and Alcohol Screen |

Upon request and proper identification, Employment Screening Services, Inc. will supply files and information during normal business hours and on reasonable notice. Files are available for visual inspection in person or by certified mail. A person of your choosing may accompany you on a personal inspection. A summary of all information is also available by telephone upon proper identification. (Employment Screening Services, Inc. 627 E. Sprague, Suite 100, Spokane, WA 99202. 1-800-473-7778).

To help California consumers detect identify fraud, section 1786.16 was added to the California civil code allowing you to receive a copy of the report in a timely manner. If you checked the box on the release and authorization, you will receive a copy of your investigative consumer report at the time the employer or prospective employer receives the report. You will also be provided with additional information should you suspect that you have been a victim of identify fraud.

LIFETIME ADOPTION
PO Box 967
Penn Valley, CA 95946