

Charles David of California EMPLOYMENT APPLICATION

PERSONAL

Last Name	First Name	Middle Initial	Social Security No.				
Present Address	No.	Street	City	State	Zip	Home Phone No.	Business Phone No.
Permanent Address, if different from present address:							
If hired, can you provide proof that you are legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No							
How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency							
<input type="checkbox"/> Walk-in <input type="checkbox"/> Other <input type="checkbox"/> Current Employee (list name)_____							
Have you ever been convicted of a crime other than a traffic violation? <i>NOTE: Exclude misdemeanor for marijuana-related offenses more than 2 years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was dismissed.</i>							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please state nature of offense(s), date(s), city and state and disposition. <i>Note: An affirmative answer will not necessarily result in disqualification for employment.</i>							
List any relatives or friends employed by the Company:						Relationship:_____	
Have you ever applied to or been employed by this Company before?							
<input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes" please provide dates)_____							

EMPLOYMENT

Position Desired:	Salary Desired:					
Circle appropriate type for employment:						
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary						
Hours of Availability						
SU	M	TU	W	TH	F	SA
Are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		When are you available to begin work?				
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)

SKILLS

Many of our [customers/clients] do not speak English. Do you speak, write or understand any foreign language?
 Yes No If yes, which language(s): _____

Operate Personal Computer? Yes* No *Types of Software: _____

List other office machines you can operate: _____

Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? _____

EDUCATION

Type of School	Name and Location of School	No. of Years Completed	Graduated?		Degree(s) or Diploma(s)	Major Field(s) of Study
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
High School or Trade School						
Business or Tech. School						
Jr. College and/or University						
Other Training (Explain)						

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

Answer the following questions if you are applying for a professional, licensed or certified position

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, explain: _____

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Positions Held

Company Name	Dates Employed (month/day/year) <i>From</i> <i>To</i>	Starting Salary /Ending Salary /
Street Address	Job Title	Hours Worked From To
City, State, Zip Code	Specific Job Duties:	
Telephone No.		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?	

Company Name	Dates Employed (month/day/year) <i>From</i> <i>To</i>	Starting Salary /Ending Salary /
Street Address	Job Title	Hours Worked From To
City, State, Zip Code	Specific Job Duties:	
Telephone No.		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Street Address	Job Title	Hours Worked From To
City, State, Zip Code	Specific Job Duties:	
Telephone No.		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?	

Company Name	Dates Employed (month/day/year) <i>From</i> <i>To</i>	Starting Salary / Ending Salary /
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City, State, Zip Code	Specific Job Duties:	
Telephone No.		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?	

PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment within the last seven (7) years, beginning with your most recent period of unemployment. Attach an additional sheet if extra space is needed.

Dates Unemployed	Reason for unemployment
From To	

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PERIODS OF UNEMPLOYMENT (CONT)		
Dates Unemployed		Reason for unemployment
From	To	
Dates Unemployed		Reason for unemployment
From	To	

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If yes, please describe: _____

PERSONAL REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

Name	Address	Phone No.
Name	Address	Phone No.

This company is an Equal Opportunity employer. The company does not discriminate on the basis of race, color, religion, sex, national origin, age, physical or mental impairment, or any other characteristic protected by applicable state, federal or local laws.

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**APPLICANT'S STATEMENT
(Initial each numbered item as read)**

- ___1. I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
- ___2. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
- ___3. I understand that submitting this application, the granting of an interview (if any), testing administered during the interview (if any) and information conveyed during an interview **DO NOT CREATE AN EMPLOYMENT RELATIONSHIP** between me and the Company.
- ___4. I hereby certify that the information contained in this application form and the APSCREEN, INC. employment screening forms is true and correct to the best of my knowledge and that I have personally completed this application. I understand that any misrepresentation, falsification, or material omission of information in the application process may result in failure to receive an offer or, if hired, my dismissal, regardless of the time elapsed before discovery.
- ___5. I understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.
- ___6. Should I be made an offer of employment and be subsequently hired by the company, I understand that employment with the company is "at will." This means that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company.
- ___7. I understand that no employee or representative of the Company, other than its Vice President of Operations, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. In addition, the employer retains the right to alter an employee's status at-will (e.g. job position, wages, hours, etc.) with or without cause. Further, the Vice President of Operations of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified period of time unless the Vice President of Operations and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.
- ___8. I agree to submit to binding arbitration (in accordance with the procedures of the California Arbitration Act) or any successor or replacement statutes for all disputes and claims arising out of the submission of this application.
- ___9. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing eight (8) statements.
- ___10. I understand that this application will no longer be active and will receive no further consideration once the position for which I am applying has been filled.

Date: _____

Signature of Applicant

Please Print Name