

Please read through the list of basic requirements below. You probably already meet most of them while others may require some effort. These requirements will be discussed at your first of two interviews.

1. DMV Driving Record

\*You can get this online with the link provided or at the DMV.

<https://www.dmv.ca.gov/portal/dmv/detail/online/dr>

***No moving violations within the last 3 years, 0 accidents within the last 3 years and no DUI's.***

2. Vehicle year 2000 or newer, excellent operating condition, with good appearance.
3. Proof of Insurance requiring \$100,000/\$300,000/\$50,000 limits of liability.
4. Both vehicle ownership and Insurance must be in applicant's name.
5. Can you lift a 50lb. box?

## Employment Application

### Personal

Name Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Position: \_\_\_\_\_

Date Available to Work: \_\_\_\_\_

How Did You Hear About Us (*Craigslist, Latino weekly, Current Employee, etc.*)? \_\_\_\_\_

**If employed, can you provide documentation of your identity and eligibility to work in the United States?**

### Work Experience

Please list most recent experience first. Include history for the past 10 years including job related military experience. If you are currently working, may we contact your current employer? Y \_\_\_\_\_ N \_\_\_\_\_

From	Employer	Supervisor, name and title
To	Address	Phone Number
<b>Position, title, responsibilities:</b> _____		
<b>Reason for leaving:</b> _____		
From	Employer	Supervisor, name and title
To	Address	Phone Number
<b>Position, title, responsibilities:</b> _____		
<b>Reason for leaving:</b> _____		
From	Employer	Supervisor, name and title
To	Address	Phone Number
<b>Position, title, responsibilities:</b> _____		
<b>Reason for leaving:</b> _____		

Education and Training		
Level of Completion	School/Institute/College/University Location	Major or Course
Professional Memberships, Licenses or Certificates	Number	Expiration Date

Do you agree to medical review by a physician on your employer's choosing, in the event that you are injured on the job? Yes or No

Emergency contact Info Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Reference Information**

Please list a person other than former supervisor who are familiar with your work habits.

Name:	Position:	Phone Number:	Relationship:

I, \_\_\_\_\_ authorize investigations of all statements contained in this application. I am supplying my Social Security number (SSN# \_\_\_\_\_) and Driver's License Number (DL# \_\_\_\_\_) to further those investigations and reference verifications. I understand that my misrepresentation or omission of facts is cause for dismissal. I authorize my former schools, employers, and reference to provide information from my records including dates of attendance, degrees earned, dates of employment salary earned, reasons for leaving employment, and all other information they may have concerning my performance, and I release any and all of them from liability arising out of their providing such information, even if provided negligently. I authorize an investigation of my motor vehicle operating history and criminal background. I understand that this information may be released to appropriate personnel at work sites and agree to hold the company and its client companies harmless of any and all damages resulting from use or release of this information. I understand or termination of my employment. I also agree to observe and comply with company policies, rules, and regulations and any violations may result in immediate termination.

Further, I do hereby agree to submit to drug testing for detection of drugs and alcohol. I give permission for test results to be released to the Company. I understand positive test results, refusal to be tested, or any attempt to affect the test results or sample will result in withdrawal of any provisional employment offer I Have received or termination of my employment from the Company.

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, education, previous employment, and criminal background. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided. I release all parties providing information from any liability or claims for damages including libel, slander, and invasion of privacy that may result from disclosure of this information. Nothing in this application is to be construed as a contract of employment or as an offer of a contract of employment. If you are employed by the company you should note have your employment be "at will," that is either you or the company may terminate your employment at any time or reason or no reason at all.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

It is our company policy not to discriminate against any employee or applicant based on race, sex, age, disability, liability for service in the armed forces, national origin. This policy includes but is not limited to employment, demotion, transfer, recruitment, layoff, termination, rates of pay, and selection for training.

# RELEASE AUTHORIZATION

## APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box D. The report(s) will be sent by the reporting agency to you at the address below.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by the company or its agent, to furnish the information described in Section 1.

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. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

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<b>Please print your full name</b>	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
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**Please print other names you have used**

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**Home Address**

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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Social Security Number</b>	<b>Date of Birth</b>
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<b>Driver's License Number</b>	<b>State Issuing License</b>
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**Name as it appears on license**

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<b>Signature</b>	<b>Today's Date</b>
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THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS