



## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

**We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.**

**PLEASE FILL IN ALL INFORMATION & PLEASE PRINT IN INK OR TYPE. USE ADDITIONAL PAPER IF NECESSARY.**  
 Any employment resulting from this application will be employment at will. This means that I have the right to terminate my employment at any time for any reason, and the Company may exercise the same right.

NAME (LAST)	(FIRST)	(MIDDLE)	E-MAIL ADDRESS (IF APPLICABLE):
PRESENT ADDRESS (STREET)	(CITY)	(STATE) (ZIP)	HOME TELEPHONE NUMBER ( )
LAST PREVIOUS ADDRESS (STREET)	(CITY)	(STATE) (ZIP)	WORK TELEPHONE NUMBER ( ) MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION APPLIED FOR:	SALARY/WAGE REQUESTED (\$ AMOUNT REQUIRED):	EARLIEST DATE AVAILABLE:
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CHECK AS MANY BOXES AS APPLY: I AM LOOKING FOR: <input type="checkbox"/> FULL-TIME WORK <input type="checkbox"/> PART-TIME WORK <input type="checkbox"/> SEASONAL WORK	BECAUSE SOME OF OUR POSITIONS MAY REQUIRE YOU TO DRIVE, DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DRIVERS LICENSE # _____ STATE _____ HAVE YOU HAD YOUR LICENSE REVOKED OR SUSPENDED IN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS _____
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ARE YOU AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, HAVE YOU APPLIED FOR WORK AUTHORIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU PERFORM THE FUNCTIONS OF THIS JOB (ESSENTIAL AND/OR MARGINAL), WITH OR WITHOUT ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER WORKED FOR CARMEL PARTNERS, INC AND/OR CARMEL COMPANIES, INC BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN (DATES)? _____ JOB TITLE _____ JOB LOCATOIN _____ SUPERVISORS NAME _____	
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WHAT LED YOU TO APPLY FOR A POSITION IN THIS COMPANY? (CHECK APPROPRIATE BOX) <input type="checkbox"/> WALK IN <input type="checkbox"/> EMPLOYMENT AD/POSTING (PLEASE SPECIFY) _____ <input type="checkbox"/> EMPLOYEE REFERRAL - WHO _____ <input type="checkbox"/> OTHER SOURCE (PLEASE SPECIFY) _____
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WITHIN THE LAST 7 YEARS HAVE YOU BEEN CONVICTED OF A CRIME - MISDEMEANOR AND/OR FELONY OR FINISHED SERVING A PRISON SENTENCE FOR A MISDEMEANOR OR FELONY OR CONVICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DETAILS _____ NOTE: A conviction is not an absolute bar to employment; however, a conviction may be relevant in determining the suitability of an applicant for a particular job. (you may answer "no" if your only misdemeanor or felony conviction(s) has been annulled or expunged from court records, or is contained in a sealed or juvenile record or you have been officially pardoned. For California applicants only, you may omit reference to any marijuana-related offense if the date of the conviction is more than two years ago.)
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EDUCATION			
HIGH SCHOOL	NAME OF HIGH SCHOOL	GRADUATION MONTH/YEAR	DIPLOMA RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY AND STATE)	MAJOR/CONCENTRATION	GRADE POINT AVERAGE _____ HIGHEST POSSIBLE GPA _____
BACHELOR OR ASSOCIATE DEGREE (ENTER HIGHEST)	NAME OF COLLEGE/UNIVERSITY	GRADUATION MONTH/YEAR OR NO. OF YEARS ATTENDED:	DEGREE RECEIVED (credits earned if no degree)
	LOCATION (CITY AND STATE)	MAJOR/MINOR	GRADE POINT AVERAGE _____ HIGHEST POSSIBLE GPA _____
MASTERS DEGREE OR DOCTORAL DEGREE	NAME OF COLLEGE/UNIVERSITY	GRADUATION MONTH/YEAR OR NO. OF YEARS ATTENDED:	DEGREE RECEIVED (credits earned if no degree)
	LOCATION (CITY AND STATE)	MAJOR	GRADE POINT AVERAGE _____ HIGHEST POSSIBLE GPA _____

**VOCATIONAL, MILITARY, OR TECHNICAL SCHOOL TRAINING OR BUSINESS SKILLS**

TECHNICAL/ VOCATIONAL/ MILITARY SCHOOL	NAME OF SCHOOL	DEGREE/CERTIFICATION	GRADUATION MONTH/YEAR OR NO.OF YEARS ATTENDED:
	LOCATION	SKILLS OBTAINED	GRADE POINT AVERAGE ____ HIGHEST POSSIBLE GPA ____
TECHNICAL/ VOCATIONAL/ MILITARY SCHOOL	NAME OF SCHOOL	DEGREE/CERTIFICATION	GRADUATION MONTH/YEAR OR NO.OF YEARS ATTENDED:
	LOCATION	SKILLS OBTAINED	GRADE POINT AVERAGE ____ HIGHEST POSSIBLE GPA ____

LIST ALL BUSINESS MACHINES/SOFTWARE THAT YOU CAN PROFICIENTLY OPERATE:

LIST ALL TECHNICAL/SHOP MACHINES THAT YOU CAN PROFICIENTLY OPERATE:

**EMPLOYMENT RECORD**

**LIST ALL EMPLOYMENT FOR THE LAST SEVEN (7) YEARS WITH THE CURRENT/MOST RECENT POSITION FIRST.  
A RESUME CAN NOT BE SUBSTITUTED FOR FILLING IN INFORMATION.**

DATES OF EMPLOYMENT FROM (MO/YR):	CURRENT/MOST RECENT EMPLOYER:	YOUR RESPONSIBILITIES:
TO (MO/YR):	CITY/STATE:	
STARTING BASE SALARY:	YOUR TITLE:	
ENDING BASE SALARY:	NAME & TITLE OF SUPERVISOR:	
OTHER COMPENSATION:	EMPLOYER PHONE NUMBER (Include Area Code):	
		REASON FOR LEAVING:

DATES OF EMPLOYMENT FROM (MO/YR):	CURRENT/MOST RECENT EMPLOYER:	YOUR RESPONSIBILITIES:
TO (MO/YR):	CITY/STATE:	
STARTING BASE SALARY:	YOUR TITLE:	
ENDING BASE SALARY:	NAME & TITLE OF SUPERVISOR:	
OTHER COMPENSATION:	EMPLOYER PHONE NUMBER (Include Area Code):	
		REASON FOR LEAVING:

DATES OF EMPLOYMENT FROM (MO/YR):	CURRENT/MOST RECENT EMPLOYER:	YOUR RESPONSIBILITIES:
TO (MO/YR):	CITY/STATE:	
STARTING BASE SALARY:	YOUR TITLE:	
ENDING BASE SALARY:	NAME & TITLE OF SUPERVISOR:	
OTHER COMPENSATION:	EMPLOYER PHONE NUMBER (Include Area Code):	
		REASON FOR LEAVING:

DATES OF EMPLOYMENT FROM (MO/YR):	CURRENT/MOST RECENT EMPLOYER:	YOUR RESPONSIBILITIES:
TO (MO/YR):	CITY/STATE:	
STARTING BASE SALARY:	YOUR TITLE:	
ENDING BASE SALARY:	NAME & TITLE OF SUPERVISOR:	
OTHER COMPENSATION:	EMPLOYER PHONE NUMBER (Include Area Code):	
		REASON FOR LEAVING:

**PROFESSIONAL/BUSINESS REFERENCES WHO MAY BE ADDITIONALLY CONTACTED BY CARMEL PARTNERS, INC.**

References should be individuals that you have worked with in the past seven (7) years and may include previous supervisors, co-working and employees that worked for you. Family members and personal friends are not considered professional/business references. If needed, you should only list one personal reference.

NAME:	PHONE NUMBER (Include Area Code):	COMPANY/OCCUPATION/WORKING RELATION TO YOU:
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**CERTIFICATION STATEMENT – AFFIDAVIT, CONSENT AND RELEASE**

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I understand that any omission or misrepresentation by me in this application may be cause for immediate dismissal and that any offer of employment or actual employment is contingent upon satisfactory results of a job-related medical examination (where applicable), a urine drug screen by a company designated physician at company expense (where applicable) and/or a successful background and criminal investigation. I understand I may be required to take and pass an employment test and/or provide a military discharge certificate before I begin employment.

All applicants for employment will be considered without regard to race, religion, color, national origin, sex, pregnancy status, marital status, age, disability, veteran status, or sexual orientation.

I authorize Carmel Partners, Inc. to verify information I provide on my employment application and to make whatever inquiries Carmel Partners, Inc. considers appropriate concerning this information except information concerning HIV status, but including without limitation, my personal and employment references, public record, education and employment history. I also authorize all my former employers, school officials, instructors, credit bureaus, local, state, and federal authorities, other persons named herein or subsequently provided as references, and other persons with information regarding my qualifications to give to Carmel Partners, Inc., or its agents, any oral or written information they have regarding me. I also understand that as a condition of being considered for employment I may be requested to authorize the release of information to Carmel Partners, Inc. and I will provide this authorization upon request. I hereby release these companies, organizations, agents, individuals, and Carmel Partners, Inc. from any liability for any damages whatsoever resulting from the investigation, use or disclosure of such information.

**I UNDERSTAND THAT THIS APPLICATION, OR EMPLOYMENT THAT RESULTS FROM THIS APPLICATION, DOES NOT CREATE A CONTRACT OF EMPLOYMENT FOR A PERIOD OF TIME. I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED BY CARMEL PARTNERS, INC., MY EMPLOYMENT WILL BE AT WILL. THIS MEANS THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON WITH OR WITHOUT NOTICE, AND THE COMPANY HAS THE SAME RIGHT. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF CARMEL PARTNERS, INC. OTHER THAN THE CEO OF CARMEL PARTNERS, INC. (WHO MUST DO SO IN WRITING) HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT WITH ME WHICH IS DIFFERENT FROM AT WILL EMPLOYMENT. I UNDERSTAND THAT CARMEL PARTNERS, INC.'S EMPLOYMENT POLICIES AND PROCEDURES, WHETHER IN ORAL OR WRITTEN FORM, ARE MERELY GUIDELINES FOR MANAGERS AND EMPLOYEES, ARE NOT CONTRACTUAL IN NATURE, AND ARE NOT AN EMPLOYMENT CONTRACT OF ANY KIND FOR ANY SPECIFIC DURATION. I REPRESENT THAT I CAN PERFORM THE JOB FOR WHICH I AM BEING CONSIDERED WITHOUT DISCLOSING TO CARMEL PARTNERS, INC. OR ITS EMPLOYEES ANY CONFIDENTIAL INFORMATION OR TRADE SECRETS I ACQUIRED DURING MY PREVIOUS EMPLOYMENT.**

PLEASE BE SURE TO SIGN AND DATE THIS APPLICATION.

<p><b>I AUTHORIZE VERIFICATION OF:</b></p> <p><input type="checkbox"/> All information given</p> <p><input type="checkbox"/> All information except present employer</p>	<p><b>SIGNATURE OF APPLICANT</b> (do not print), I certify that all information that I have provided is true and complete. By signing here, I agree that I have read and do understand and consent to the Certification Statement above.</p> <p>_____</p>	<p><b>DATE (MO/DAY/YR):</b></p> <p>_____</p>
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OTHER INFORMATION YOU WISH TO SUPPLY (USE ADDITIONAL PAPER IF NECESSARY)

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## DISCLOSURE AND AUTHORIZATION

I understand that Carmel Partners, Inc. (henceforth referred to as the "Company") will, or its agents will, conduct an investigation into my previous and current employment, educational qualifications, credit and criminal histories. I also understand that a consumer credit report and/or a consumer report and/or an investigative consumer report, which may include information regarding my credit worthiness, credit standing, credit capacity, character, registration as a sex offender, general reputation, personal characteristics or mode of living, criminal records, and motor vehicle driving history will be requested and may be used in whole or in part for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. Such report(s) may include interviews of others concerning such matters as my education, degrees attained or units completed, prior employment, capabilities and qualifications, or concerning employment problems, should any arise, such as sexual harassment, workplace violence, theft and workers' compensation fraud. I hereby consent to this investigation made by the Senior Vice President of Human Resources on behalf of the Company, noting that the purpose of the investigation is to ascertain my employment qualifications and fitness. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, credit company, schools and/or institution having control of any documents, records and other information pertaining to me, to furnish to the Company, its representatives and Senior Vice President of Human Resources to inspect and make copies of such documents, records and other information. I understand and agree that all documents, records and other information furnished to the Company are privileged and confidential, and the furnishing of such documents, records and other information, and/or the contents thereof, shall not be a basis for any suit by me or on my behalf. I agree and understand that a copy of this Authorization may serve as an original. I understand that if the report(s) concerns my character, general reputation, personal characteristics or mode of living, and are obtained through personal interviews, I may request further information from the company regarding the nature and/or scope of the investigation

The investigative consumer reporting agency preparing the report(s) is Background Information Services, Inc., telephone (800) 433-6010. Their files are available for review in person, by certified mail or telephonically with proper identification. California applicants will receive a copy of the following reports depending on which were processed: consumer credit report or investigative consumer report or consumer report as per California law.

By my signature below, I hereby authorize a consumer credit report and/or a consumer report and/or an investigative consumer report to be obtained. I also authorize Carmel Partners to search national and state sex offender registries for information concerning me. I also acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act." A copy of this document is the same as the original. I hereby certify that I understand and agree to the foregoing.

Candidate Authorization:

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Signature (Full Name – Do not print)

Date

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Type/ Print Full Name

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Driver's License # / State Issued / Name on Drivers License if different from above

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Social Security Number

Date of Birth (optional) – *Note, needed to complete Drivers License and Credit Report Background Checks*

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Current Address

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City

State

Zip

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List any other names used (i.e., maiden name, nickname, initials)

Check here to request a copy of your consumer report

CALIFORNIA APPLICANTS ONLY:

By checking this box I hereby waive my rights under Cal. Code. Civ. Proc § 1786.53 to receive copies of all public records reviewed by Carmel Partners concerning me.