



# EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*  
*Hiring is based on the doctrine of "at-will-employment"*

**Please Answer All Questions. This is Clairemont Equipment Company's Official Employment Application.**  
**Resumes will not be accepted in lieu of this Completed Employment Application.**

Employment and advancement in this company is determined by a person's qualifications and abilities. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws. It is our policy to treat each individual who applies for work, and those subsequently hired, in a fair and equitable manner.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW.** THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME. EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

## PLEASE PRINT OR TYPE

Last Name	First Name	Middle Name
Street Address	City	State    Zip Code
Cell Number	Home Number	Email Address

## EMPLOYMENT INFORMATION

Position Applied For	Date of Application
Applied for Position at Which Branch:	
<input type="checkbox"/> Corporate Office <input type="checkbox"/> Escondido <input type="checkbox"/> Fontana <input type="checkbox"/> Imperial <input type="checkbox"/> Indio <input type="checkbox"/> San Diego	
Please check the type of work schedule you are applying for:	
<input type="checkbox"/> Regular Full-Time Work <input type="checkbox"/> Regular Part-Time Work <input type="checkbox"/> Temporary Work (ie: Summer or Holiday Work)	
What days and hours are you available for work?	
Would you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No            If No, please explain: _____	
Date on which you can start work if hired:	
If hired, can you present evidence of your legal right to live and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously applied for employment with this Company <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, When & Which location?	
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, When and at what location?	
Do any of your friends or relatives work for Clairemont Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please state name(s) and relationship(s) _____	
Salary Desired _____	Comments _____
Required Field	

**PLEASE FORWARD TO THE HUMAN RESOURCE DEPARTMENT**

**Mail: 7651 Ronson Road | San Diego, CA 92111 | Email: HR@clairemontequipment.com | Fax 858-492-9959**

## EMPLOYMENT HISTORY

List below, present and past employment **starting with your most recent employer** and going back for the last **10 YEARS**. Account for all periods of unemployment. You may include any verifiable work performed on a volunteer basis, internships, or military service. **A PPLICATIONS WILL NOT BE ACCEPTED UNLESS COMPLETED.** Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume." Attach additional sheets if needed.

Are you currently employed or on a leave of absence?  Yes  No

If currently employed, may we contact your current employer?  Yes  No

<b>Employer:</b> _____	<b>Dates Employed:</b>	From	To
Job Title/Description: _____	Duties: _____		
Supervisor's Name/Title: _____	Phone: _____		
Reason for Leaving? _____			
Were you ever disciplined? If so, for what? _____			
How Much notice did you give when resigning? If none, explain: _____			

<b>Employer:</b> _____	<b>Dates Employed:</b>	From	To
Job Title/Description: _____	Duties: _____		
Supervisor's Name/Title: _____	Phone: _____		
Reason for Leaving? _____			
Were you ever disciplined? If so, for what? _____			
How Much notice did you give when resigning? If none, explain: _____			

<b>Employer:</b> _____	<b>Dates Employed:</b>	From	To
Job Title/Description: _____	Duties: _____		
Supervisor's Name/Title: _____	Phone: _____		
Reason for Leaving? _____			
Were you ever disciplined? If so, for what? _____			
How Much notice did you give when resigning? If none, explain: _____			

<b>Employer:</b> _____	<b>Dates Employed:</b>	From	To
Job Title/Description: _____	Duties: _____		
Supervisor's Name/Title: _____	Phone: _____		
Reason for Leaving? _____			
Were you ever disciplined? If so, for what? _____			
How Much notice did you give when resigning? If none, explain: _____			

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

If yes, please explain: \_\_\_\_\_

## REFERENCES

Please list names of personal references we may contact. Please do not use relatives or past employers.

Name	Relationship	Telephone Number	# of Years Known

**For Administrative / Clerical Positions:** Typing Speed \_\_\_\_\_ WPM (net), 10 key by touch? Yes  No

**For Mechanical Positions:** Do you have a full set of tools?  Yes  No Approximate value \$ \_\_\_\_\_

## PERSONAL INFORMATION

Are you at least 18 years old?  Yes  No

Any other names needed to check your work record?  Yes  No If yes explain: \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you willing to undergo a background check, in accordance with local law/regulations?  Yes  No

Please check the box acknowledging that you understand If you are hired, under applicable law, you will be asked if you have ever been convicted of a criminal offense (felony or serious misdemeanor) and if so, the nature of the crime(s).

Why are you applying for work at our company? \_\_\_\_\_

Do you speak, write or understand any foreign language? \_\_\_\_\_

Any other names needed to check your work record?  Yes  No If yes explain: \_\_\_\_\_

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 \_\_\_\_\_

*We comply with the ADA and consider reasonable accommodations measures that may be necessary for eligible applicants/employees to perform essential functions. Hire will be subject to passing a drug/alcohol test and a medical examination including skill and agility tests.*

**Check box that describes your** **Late:**  Never  Seldom  Often

**Attendance record at Previous Jobs:** **Absent:**  Never  Seldom  Often

## EDUCATION & TRAINING

Education	School Name & Location (Address, City, State)	Course of Study or Major	# of Years Completed	Graduate? Y or N
High School				
College				
Graduate / Professional				
Trade or Correspondance				
MILITARY				

If you have any experience, training, skills, or other qualifications which you feel make you especially suited for work at Clairemont Equipment please attach a comment sheet or let your interviewer know of these abilities.

## DRIVING INFORMATION

*If driving is a function of the job you are applying for, a DMV printout is required.*

Do you have a current valid drivers license?  Yes  No State of Issuance \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_

Has your drivers license been suspended or revoked in the last 7 years?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No If No, explain: \_\_\_\_\_

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?  Yes  No

Please list all moving violations in the last five (5) years:

Offense	Date	Comments

**DOT DRIVERS ONLY:** COMPLETE IF YOU ARE APPLYING FOR A DRIVING POSITION WHICH IS COVERED BY FEDERAL DOT REGULATIONS

Have you ever had a Motor Vehicle License denied or revoked?  Yes  No

If Yes, explain: \_\_\_\_\_

Are you currently illegally using drugs?  YES  No

List each non-expired commercial vehicle operator's license or permit issued to you.  
List all outstanding non-parking violations plus past 3 years convictions and bond forfeitures.

Document Type	Document Number	Issuing State	Expires	Describe Equipment Operated & Details of Experience.

Describe all accidents that you were involved in during the last 3 years.

Date	List Injuries and/or Fatalities	Describe the nature of each Accident

# APPLICANT RELEASE & AUTHORIZATION

I authorize the company and its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. In connection with my application for employment with Clairemont Equipment (hereafter COMPANY), I understand an investigative background check may be requested and obtained or performed by COMPANY. I agree to authorize and complete any requisite authorization forms for the background investigation which is permitted by federal, state, and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the company, or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the company and its representatives for seeking and acquiring such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for California, automobile liability insurance in an amount equal to the minimum required by the state of California and comply with the qualification of COMPANY Fleet Vehicle Use Agreement and Policy.

I understand that the company has established a drug-free workplace with a drug and alcohol testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer can be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of COMPANY, pursuant to the company's policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medical recognized tests designed to detect the presence of alcohol or Marijuana or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the company's policies and applicable federal, state, and local law. **Applicant's selected for employment opportunity will be required to undergo and pass a PRE-EMPLOYMENT DRUG/ALCOHOL TEST and PRE EMPLOYMENT PHYSICAL.**

If employed by the company, I understand and agree that the company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I will be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement. **I certify that I am NOT under 18 years of age** and that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be true, complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, omission of any information may result in disqualification from consideration for employment, or if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW AND EXPLAINED IN DETAIL ON THE FIRST PAGE OF THIS APPLICATION. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR AUTHORIZED EMPLOYEE OF THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.**

If hired by this company, I understand that I will be required on the first day of employment to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this company. I also understand this company employs only individuals who are legally eligible to work in the United States.

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

I acknowledge that a Fax or Photographic Copy of this signed statement shall be as valid as the original.

**DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

By checking this box, I waive my right to receive a copy of any public record obtained by the company for employment purposes through an internal investigation.

If a credit report is ordered and you want a copy of it, please check this box.

If professional substance abuse evaluation has been completed (49 CFR Section 382.413) please provide details.