



EMPLOYMENT APPLICATION

*This is Clairemont Equipment Company's Official Employment Application.
Resumes and Personal Information Sheet submittals will NOT
be accepted in lieu of this Employment Application.*

An Equal Opportunity Employer

Hiring is based on the doctrine of "at-will-employment"

Employment and advancement in this company is determined by a person's qualifications and abilities. All qualified applicants will receive consideration for employment without regard to the applicant's race, color, medical condition, disability, pregnancy, or any other basis protected by law. It is our policy to treat each individual who applies for work, and those subsequently hired, in a fair and equitable manner.

PLEASE PRINT OR TYPE

Name: _____	Social Security # (Optional)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Phone # (____) _____ - _____	Cell # (____) _____ - _____	Work Phone # (____) _____ - _____
Present Address: _____		
No.	Street	City State Zip

EMPLOYMENT DESIRED

State the position you are applying for: _____

Please circle the type of work schedule you are applying for:

Regular full-time work **Regular Part-time work** **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? Yes _____ No _____

If hired, on what date can you start work? _____, 20_____

Salary Desired: _____ Comments: _____

To Be Completed By Authorized Personnel Only:
JOB APPLIED FOR: _____
BRANCH / DEPARTMENT: _____
APPLICATION INFORMATION CHECKED BY: _____
INTERVIEWERS SIGNATURE: _____
PLEASE FORWARD TO THE HUMAN RESOURCE DEPARTMENT

Personal Information

Do you have a 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

Do any of your friends or relatives work for Clairemont Equipment? Yes No

If Yes, please state name(s) and relationship(s) _____

Why are you applying for work at our company? _____

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

Are you at least 18 years old? Yes No

If hired, can you present evidence of your legal right to live and work in the United States? Yes No

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 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.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case(s) _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

References: (Please do not use relatives or past employers as references in this section)

Name _____ Address _____ Phone # _____ - _____ - _____

Name _____ Address _____ Phone # _____ - _____ - _____

Name _____ Address _____ Phone # _____ - _____ - _____

Is any additional information relative to change of name, use of assigned name, or nickname necessary for us to check your

If yes please explain: _____

Have you ever been fired from a job or asked to resign? Yes No

If yes please explain: _____

What has your attendance record been at previous jobs? Check the box for each category that most accurately describes your record:

Never Late Seldom Late Often Late

Never Absent Seldom Absent Often Absent

Some of our customers do not speak English. Do you speak, write or understand any foreign language? _____

If yes, which language(s)? _____

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 \$ _____.

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.

EMPLOYMENT HISTORY

APPLICATIONS WILL NOT BE ACCEPTED UNLESS COMPLETED

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.

Complete Company Name	Supervisor's Name, Title and Phone #	Job Title & Description	Dates Employed		Salary		Reason For Leaving
			From	To	Start	Finish	
Fax #	# ()						
Fax #	# ()						
Fax #	# ()						
Fax #	# ()						

EDUCATION & TRAINING

SCHOOL(s)	NAME	# OF YRS	DID YOU GRADUATE	DIPLOMA OR CERTIFICATE	DESCRIBE FIELD OF STUDY, CURRICULUM OR SPECIAL CERTIFICATE PROGRAMS
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
VOCATIONAL					
MILITARY					

TO BE COMPLETED BY APPLICANTS APPLYING FOR DRIVING POSITION WHICH IS COVERED BY FEDERAL DOT REGULATIONS

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	Violation(s) Type	Conviction or Bond Forfeiture

ARE YOU CURRENTLY ILLEGALLY USING DRUGS? YES NO

Attach a current DMV printout for each license listed above.

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

Have you ever had a Motor Vehicle License denied or revoked?

If Yes, explain: _____

APPLICANT RELEASE & AUTHORIZATION

In connection with my application for employment with Clairemont Equipment (hereafter *COMPANY*), I understand an investigative background check, criminal background check and consumer report that may contain public record information may be requested and obtained or performed by *COMPANY*. Information gathered may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, past work experience, driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal history, educational background and any other information about me which may reflect upon my potential for employment. I understand this information may be gathered from any individual, organization, entity, federal, state and/or local governments, other agencies or other sources that may have data or knowledge concerning such items of information. Medical and worker's compensation information will only be requested in compliance with Americans with Disabilities Act (ADA) and/or other applicable state laws. This form will act as my specific consent to allow Clairemont Equipment to solicit information from prior employers including as to whether I ever tested positive for alcohol at a level of .04 or greater or positive for controlled substances or refused to be tested within the last two years. Information obtained may affect eligibility for employment or continued employment.

WITHOUT RESERVATION, I AUTHORIZE ANY PERSON, COMPANY, PHYSICIAN, HOSPITAL, FIRM, SCHOOL GOVERNMENT OR AGENCY CONTACTED BY COMPANY OR ITS AGENTS TO FURNISH THE ABOVE INFORMATION. I HEREBY FULLY RELEASE AND DISCHARGE FROM ALL LIABILITY COMPANY AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND ATTORNEYS THEREOF, AND ANY SOURCE OR ENTITY RELEASING OR PROVIDING INFORMATION OR DATA AND MAKING STATEMENTS OF OPINION ABOUT ME TO COMPANY. I EXPRESSLY WAIVE ALL PROVISIONS OF LAW PROHIBITING ANY PHYSICIAN, PERSON, HOSPITAL, OR OTHER INSTITUTION THAT HAS OR MAY HEREAFTER ATTEND OR FURNISH ME WITH TREATMENT FROM DISCLOSING TO COMPANY ANY KNOWLEDGE OR INFORMATION THEREBY ACQUIRED.

I ACKNOWLEDGE THAT A FACSIMILE OR PHOTOGRAPHIC COPY OF THIS SIGNED STATEMENT SHALL BE AS VALID AS THE ORIGINAL.

I CERTIFY THAT I AM NOT UNDER 18 YEARS OF AGE AND THE INFORMATION PROVIDED BY ME IS ACCURATE AND WITHOUT ANY CONSEQUENTIAL OMISSION. INFORMATION PROVIDED BY ME OR OTHERS MAY BE USED BY *COMPANY* AND/OR PROVIDED TO OTHERS IN ANY MANNER OR FORM FOR THE PURPOSES OF INVESTIGATING ME WHILE CONSIDERING EMPLOYMENT OR AT ANY TIME AFTER EMPLOYMENT BEGINS.

APPLICANT SELECTED FOR EMPLOYMENT OPPORTUNITY WILL BE REQUIRED TO UNDERGO AND PASS A PRE EMPLOYMENT DRUG/ALCOHOL TEST AND PRE EMPLOYMENT PHYSICAL.

PRINT NAME: _____ TODAYS DATE: _____

SIGNATURE: _____

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.

Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely voluntary. All information will remain confidential and will not affect your application for employment. It will not become part of your personnel record if you are hired by this company. We are required by law to collect this information for Equal Opportunity Employment purposes.

Name: _____

Sex: Male Female

Race / Ethnicity:

- American Indian / Alaskan Native
- Asian / Pacific Islander
- Black
- Hispanic
- White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement and reasonable accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

To be completed by employer:

EEO-1 Category:

- | | |
|---|---|
| <input type="checkbox"/> 1. Officers and Managers | <input type="checkbox"/> 6. Crafts – skilled |
| <input type="checkbox"/> 2. Professionals | <input type="checkbox"/> 7. Operatives – Semi-Skilled |
| <input type="checkbox"/> 3. Technicians | <input type="checkbox"/> 8. Laborers - Unskilled |
| <input type="checkbox"/> 4. Sales | <input type="checkbox"/> 9. Service Workers |
| <input type="checkbox"/> 5. Office and Clerical | |

Employer Information completed by:

Name _____ Date _____