



170 Knowles Drive Suite 239 Los Gatos, CA 95032

Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. **Unless specifically documented and authorized by an officer of Claims Resource Services all employment is at will.**

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____

Permanent Address (if different than above) _____

Social Security Number _____ Telephone _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by (Company)?

3. How were you referred to (Company)? _____

4. Have you ever been convicted of or pled guilty to a felony? Yes No If yes, please explain:

Initial _____ Date _____



170 Knowles Drive Suite 239 Los Gatos, CA 95032

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

- | | |
|---|----------------------------------|
| _____
Company Name (Current or Most Recent Employer) | _____
Position Held |
| _____
Address | Dates Employed: _____
From To |
| _____
Manager / Supervisor | _____
Telephone |
| | _____
Wage/Salary |
| _____
Reason For Leaving | |
- | | |
|-------------------------------|----------------------------------|
| _____
Company Name | _____
Position Held |
| _____
Address | Dates Employed: _____
From To |
| _____
Manager / Supervisor | _____
Telephone |
| | _____
Wage/Salary |
| _____
Reason For Leaving | |
- | | |
|-------------------------------|----------------------------------|
| _____
Company Name | _____
Position Held |
| _____
Address | Dates Employed: _____
From To |
| _____
Manager / Supervisor | _____
Telephone |
| | _____
Wage/Salary |

Reason For Leaving _____

(Employer's Name)

Reason

(Employer's Name)

Reason

IV. References *Please do not include relatives or former employers.*

1.

<hr/> <p>Name</p>	<hr/> <p>Years Known</p>
<hr/> <p>Occupation</p>	<hr/> <p>Telephone</p>

2.

<hr/> <p>Name</p>	<hr/> <p>Years Known</p>
<hr/> <p>Occupation</p>	<hr/> <p>Telephone</p>

3.

<hr/> <p>Name</p>	<hr/> <p>Years Known</p>
<hr/> <p>Occupation</p>	<hr/> <p>Telephone</p>

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work? ____/____/____
2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require? \$ ____ per _____

I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that as part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

Signature _____ Date _____

Disclosure and Authorization to Obtain Investigative Consumer Report

In connection with my application for employment or promotion or other job change, I understand that **Claims Resource Services** may obtain an INVESTIGATIVE CONSUMER REPORT that will include information as to my character, general reputation, personal characteristics and mode of living. This report may reveal information about work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by **Claims Resource Services** or on behalf **Claims Resource Services**. Further, I understand and agree that **Claims Resource Services** may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing if any.

Report will be ordered from:

CONSUMER REPORTING AGENCY NAME : Experian

CONSUMER REPORTING AGENCY ADDRESS:

CONSUMER REPORTING AGENCY CITY, STATE, ZIP:

CONSUMER REPORTING AGENCY PHONE 1 888 EXPERIAN

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, **Claims Resource Services** will provide to you, before making the adverse decision, a copy of the investigative consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

NOTICE TO CALIFORNIA APPLICANTS

You have a right to obtain a copy of any investigative consumer report obtained by **Claims Resource Services** by checking the box provided below. The report will be provided to you within three business days after the report is provided to **Claims Resource Services**.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency named above during normal business hours. You

may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I acknowledge that a fax or copy of this Disclosure and Authorization bearing my signature shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my employment. This release is valid for all federal, state, county and local agencies and authorities. I acknowledge that I have received a copy of the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

Print Name _____ Soc. Sec. No.

Current Address

City _____ State ____ Zip _____ Home Phone

Date of Birth _____ DL# _____ State ____

Applicant Signature _____ Date
