

## EMPLOYMENT APPLICATION - PLEASE PRINT

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### EMPLOYMENT DESIRED

Position desired: \_\_\_\_\_

### GENERAL INFORMATION

Do you have any relatives working at this worksite? ☐ Yes ☐ No  
If yes, provide name(s) and relationship:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

If no, describe the functions that cannot be performed.

(We will comply with the ADA and consider reasonable accommodation measure that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests)

Have you been convicted of a felony within the past seven 7 years? ☐ Yes ☐ No  
(Convictions for marijuana-related offenses that are more than two years old do not need to be listed)

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

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

### EDUCATION, TRAINING AND EXPERIENCE

	Name & Address of Schools	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	

### REFERENCES - List two persons not related to you who have knowledge of your work performance within the last three years

Name	Address	Phone

**PROFESSIONAL LICENSES/CERTIFICATIONS - COMPLETE this section if you are applying for a position requiring licensing or certification.**

Are you licensed/certified for the job applied for? ☐ Yes ☐ No

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? ☐ Yes ☐ No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement. \_\_\_\_\_

**EMPLOYMENT HISTORY - List all present and past employment for the past seven years, starting with your most recent employer. Account for all periods of unemployment.**

**\*\* YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME \*\***

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Name of Employer

Telephone Number

Type of Business

Your Supervisor's Name

Address

Dates of Employment:

From

To

Rate of Pay:

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

☐ Yes

☐ No

Name of Employer

Telephone Number

Type of Business

Your Supervisor's Name

Address

Dates of Employment:

From

To

Rate of Pay:

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

☐ Yes

☐ No

Name of Employer

Telephone Number

Type of Business

Your Supervisor's Name

Address

Dates of Employment:

From

To

Rate of Pay:

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

☐ Yes

☐ No

**MILITARY SERVICE**

Have you obtained any special skills or abilities as a result of service in the military?

☐ Yes

☐ No

If so, please describe:

**FOREIGN LANGUAGE**

Do you speak, write or understand any foreign languages?

☐ Yes

☐ No

If yes, what language(s):

**APPLICANT'S STATEMENT AND AGREEMENT**

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize EO and the worksite client (the Company) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

**I understand that my employment and compensation is "at-will" and nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.** In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I check the box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
Initials

I acknowledge that the Company promotes a voluntary system of alternative dispute resolution, which involves binding arbitration to resolve all disputes which may arise out of, involving, affecting or related in any way to this agreement or a breach of this agreement, or arising out of, involving, affecting or related in any way to employment or the conditions of employment or the termination of employment. I voluntarily agree that any claims, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on state or federal laws or regulations) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in accordance with the applicable rules of the American Arbitration Association in the state where I am employed, or was last employed by EO. The arbitrator shall be entitled to award reasonable attorney fees and costs to the prevailing party. The award shall be in writing, signed by the arbitrator, and shall provide the reasons for the award. Judgment upon the arbitrator's award may be filed in and enforced by any court having jurisdiction. I understand this agreement does not prevent me from filing a charge or claim with any governmental administrative agency as permitted by applicable law.

\_\_\_\_\_  
Initials

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

**If you have any questions regarding this statement, please ask an EO representative or a worksite employer representative before signing. I hereby acknowledge that I have read the above statements and understand the same.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

HALLOWEEN CLUB ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, social media checks (i.e. Facebook, Google, etc.) or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by peopleG2, 160 N. Riverview Drive, Anaheim Hills, CA, 92808, 800-630-2880, [www.peopleG2.com](http://www.peopleG2.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by peopleG2, 160 N. Riverview Drive, Anaheim Hills, CA, 92808, 800-630-2880, [www.peopleG2.com](http://www.peopleG2.com), another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature \_\_\_\_\_

Date \_\_\_\_\_

## BACKGROUND INFORMATION

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

(Full Legal Name)

Last Name as it appears on your License or ID Card: \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

(Full Legal Name)

Social Security # \* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Drivers License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address(s) \_\_\_\_\_

\_\_\_\_\_

(List all current email addresses)

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

## NOTICE REGARDING BACKGROUND CHECKS AND CREDIT CHECKS PER CALIFORNIA LAW

HALLOWEEN CLUB (the "Company") intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be peopleG2, 160 Riverview Drive, Anaheim Hills, CA, 92808, 800-630-2880, [www.peopleG2.com](http://www.peopleG2.com). The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA's file on you with proper identification, as follows:

- \* In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- \* A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- \* By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

### Notice Regarding Credit Checks:

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

- ☐ An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- ☐ A position in the state Department of Justice;
- ☐ A sworn peace officer or other law enforcement;
- ☐ A position for which the information contained in the report is required by law to be disclosed or obtained;
- ☐ A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- ☐ A position which the person can enter into financial transactions on behalf of the company;
- ☐ A position that involves access to confidential or proprietary information;
- ☐ A position that involves regular access to \$10,000 or more of cash; OR
- ☐ The Company will not obtain a consumer credit report on you.