



**EMPLOYMENT APPLICATION**

**AN EQUAL OPPORTUNITY EMPLOYER**

**PLEASE PRINT**

Last Name		First		M.I.	Date	
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Other names you are known by

**PRESENT**

No & Street		Apartment/Unit #	
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City		State		Zip	
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Cell Phone		Home Phone	
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E-mail Address		Date Available	
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**EMPLOYMENT DESIRED**

Position Applying For:		Referral Source:	
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Have you applied to or worked for CHC before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Expectations:	\$
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If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years of old? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

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

If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures 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.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

**EDUCATION**

School	Name and Address	No. of Years Completed	Did you Graduate	Degree or Diploma
High School			YES NO	
College/ University			YES NO	
Vocational/ Business			YES NO	

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.



Name of Current Employer			Phone Number	
Type of Business			Supervisor's Name	
Address				
Dates of Employment	From:		To:	
Position & Duties				
Reason for Leaving				
May we contact this employer for a	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Previous Employer			Phone Number	
Type of Business			Supervisor's Name	
Address				
Dates of Employment	From:		To:	
Position & Duties				
Reason for Leaving				
May we contact this employer for a	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: Attach additional page(s) if necessary.

**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name			Last Name			Phone Number	
Address							
Occupation			No. of Years Acquainted				
First Name			Last Name			Phone Number	
Address							
Occupation			No. of Years Acquainted				
First Name			Last Name			Phone Number	
Address							
Occupation			No. of Years Acquainted				



**EMPLOYMENT APPLICATION**

Please Read Carefully, Initial Each Paragraph and Sign Below

<p>_____ Initials</p>	<p>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.</p>
<p>_____ Initials</p>	<p>I hereby authorize CHC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I 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.</p>
<p>_____ Initials</p>	<p>I understand that 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.</p>
<p>_____ Initials</p>	<p>In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.</p>
<p>_____ Date</p>	<p>_____ Applicants Signature</p>



**VOLUNTARY SELF-IDENTIFICATION**

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

**Please Print**

Last Name	First	M.I.	Date
Job Title	Gender		

**Race/Ethnicity**

Please check one of the descriptions below corresponding to the ethnic group with which you identify

<input type="checkbox"/>	<b>HISPANIC OR LATINO: A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN REGARDLESS OF RACE.</b>
<input type="checkbox"/>	<b>WHITE (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST OR NORTH AFRICA.</b>
<input type="checkbox"/>	<b>BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.</b>
<input type="checkbox"/>	<b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE PEOPLES OF HAWAII, GUAM, SAMOA OR OTHER PACIFIC ISLANDS.</b>
<input type="checkbox"/>	<b>ASIAN (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA OR THE INDIAN SUBCONTINENT, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND AND VIETNAM.</b>
<input type="checkbox"/>	<b>AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA) AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.</b>
<input type="checkbox"/>	<b>TWO OR MORE RACES (NOT HISPANIC OR LATINO): ALL PERSONS WHO IDENTIFY WITH MORE THAN ONE OF THE ABOVE FIVE RACES.</b>

DATE COMPLETED: \_\_\_\_\_

PLEASE RETURN FORM TO THE HR DEPARTMENT. THANK YOU FOR YOUR PARTICIPATION.



**THIS DOCUMENT CONTAINS IMPORTANT INFORMATION.  
PLEASE READ IT CAREFULLY**

As part of processing your Application for Employment, California & Columbia Hydronics will obtain a consumer report which will contain information concerning:

- (1) your financial and credit history;
- (2) any criminal conviction(s) on your record; and
- (3) verification of your identification.

This report may be considered an "investigative consumer report" under California law. An investigative consumer report includes information as to a consumer's character, general reputation, personal characteristics and mode of living. The nature and scope of the investigation is as follows: **pre-assignment and continuing assignment to CHC or any of its related companies.**

The information contained in this report may affect your eligibility for employment with the Company. Before taking any adverse action based upon the report, the Company will provide you with information that will assist you should you wish to challenge the accuracy or completeness of the reporting agency's account.

Certain rights you have under federal and California law are attached to this Disclosure & Consent Form. Exhibit A is California Civil Code Section 1786.22. Exhibit B is 15 United States Code Section 1681d. Exhibit C is United States Code Section 1681(g). Exhibit D is a Summary of Your Rights produced by the Federal Trade Commission.

If you are employed, the Company also will obtain consumer reports about you during your employment. These reports may be obtained on a periodic basis or at any time during your employment at management's discretion. The consumer reports obtained during your employment may include: 1) any criminal conviction(s) on your record and 2) verification of your identification. Again, before taking any adverse action based upon a report(s), the Company will provide you with information that will assist you should you wish to challenge the accuracy or completeness of the reporting agency's account.

The report(s) will be obtained from  
Coast Guardian Investigations Inc  
P.O. Box 55093 Hayward, CA 94545  
510-785-5900

The Company requests your permission to obtain such reports. Should you provide your authorization below, **you will receive a copy** of the reports at no charge from the Company.

I understand the above information, and hereby authorize the Company to obtain consumer reports in order to evaluate my eligibility for employment with California & Columbia Hydronics.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Name (Signature)

\_\_\_/\_\_\_/\_\_\_  
Date



**CONSENT STATEMENT**

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to California & Columbia Hydronics in conjunction with my application for employment. I further understand that this consent will apply during the course of my employment with California & Columbia Hydronics, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to revoke this consent at any time, I understand that I may do so by either signing the Refusal or Revocation of Consent Statement below and returning it to California & Columbia Hydronics, or sending a signed letter or statement to California & Columbia Hydronics, indicating that I revoke my consent to California & Columbia Hydronics obtaining consumer reports or investigative reports about me for employment purposes.

I further understand that any and all information contained in my job application or otherwise disclosed to California & Columbia Hydronics by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by California & Columbia Hydronics and confirm that all such information is true and correct.

\_\_\_\_\_  
Name of Applicant or Employee (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant or Employee Signature

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

\_\_\_\_\_  
Provide Current Address

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State Issued

Have you lived at the above address for 10 years? If not please include previous addresses:

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
Address 3

\_\_\_\_\_  
Address 4



**REFUSAL OR REVOCATION OF CONSENT STATEMENT**

**(Do not sign unless you have decided that you will not consent, or will no longer consent to California Hydronics obtaining consumer reports or investigative consumer reports regarding you for employment purposes.)**

I do not consent to California & Columbia Hydronics obtaining consumer reports or investigative reports about me for employment purposes. If I have previously granted my consent, I hereby revoke it and understand that such revocation will take effect immediately after California & Columbia Hydronics receives this written revocation and has actual knowledge of it sufficient to communicate the revocation to those employees or agents of California & Columbia Hydronics who typically request consumer reports for California & Columbia Hydronics.

\_\_\_\_\_  
Name of Applicant or Employee (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant or Employee Signature

\_\_\_\_\_  
Date



Please print, complete, sign, date and return this form via fax to (510) 784 0500. You may also scan and email your completed form to: [info@coastguardian.com](mailto:info@coastguardian.com) or mail to: Coast Guardian Investigations, Inc., P. O. Box 55093, Hayward, California 94545. Delays in receiving this form may cause delays in completing your background investigation.

**Authorization to Release Employment/Education Information**

I understand that an attempt will be made to verify statements made on my application and made during my employment interview.

I authorize CGI Inc. and its respective agents to solicit and obtain information concerning my employment history and education history.

With respect to employment history, I give my permission for my current and former employers to answer any and all questions based upon information available to them in my employment records.

With respect to education history, I give my permission for any current or previously attended school, college or university to provide details of my academic records to include area of study, grade point average, dates of attendance and degrees/certificates awarded.

I understand it is possible that my employment/education records may not be accurate. Nonetheless, in consideration of my application review, I release CGI Inc., all current/former employers and all schools, colleges and universities from any liability as a result of furnishing and receiving of this information.

I understand that my failure to sign and return this release will be regarded as a withdrawal of my application for employment.

EDUCATION						
School	Address	Major	From	To	Degree/Diploma	Graduated
High School						
College/ University						
Vocational/ Business						

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number



