

# Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name  Last  First  Middle  Social Security #

Address  Street  City  State  Zip Code

Telephone  Mobile/Beeper/Other/Phone #  E-mail Address

Position(s) applied for  Date of application

Referral Source (Please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in <input type="text"/>	<input type="checkbox"/> School <input type="text"/>
<input type="checkbox"/> Employee <input type="text"/>	<input type="checkbox"/> Job Fair <input type="text"/>
<input type="checkbox"/> Advertisement <input type="text"/>	<input type="checkbox"/> Staffing Agency <input type="text"/>
<input type="checkbox"/> Company's Website <input type="text"/>	<input type="checkbox"/> Government Employment Agency <input type="text"/>
<input type="checkbox"/> Other Internet <input type="text"/>	<input type="checkbox"/> Other <input type="text"/>

If necessary, best time to call you at home is \_\_\_\_\_  AM  PM

May we contact you at work? .....  Yes  No

If **yes**, work number and best time to call: \_\_\_\_\_  AM  PM

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No

If **no**, please explain \_\_\_\_\_

Have you submitted an application here before?  Yes  No

If **yes**, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If **yes**, give dates From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work ..... \_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position? .....  N/A  Yes  No

Will you work overtime if required?  Yes  No

If **no**, please explain \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (In answering these questions, do not include minor traffic infractions and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pre-trial or post-trial diversion programs, and marijuana-related offenses that occurred over two years ago.)

Have you ever pled "guilty" or "no contest" to, or been convicted of a misdemeanor or felony?  Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial? .....  Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
		Commission/Bonus/Other Compensation \$ _____	
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were the things you liked least about the position?			

Employer	Telephone #	Dates employed:	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
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Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
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Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
		Commission/Bonus/Other Compensation \$ _____	
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were the things you liked least about the position?			

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?  Yes  No

If **yes**, please explain:

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

### Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years _____	<input type="checkbox"/> Internet	_____	Years _____
<input type="checkbox"/> Spreadsheet	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____
<input type="checkbox"/> Presentation	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____
<input type="checkbox"/> E-mail	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

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

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave, N.W., Washington, D.C. 20580.*

## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave., N.W., Washington, D.C. 20580.

· **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must give you the name, address, and phone number of the agency that provided the information.

· **You have the right to know what is in your file.** You may request and obtain all the information about you in the files for a consumer reporting agency (your file disclosure). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

· **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

· **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

· **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

· **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

· **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

· **You must give your consent for report to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to your employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

· **You may limit prescreened offers of credit and insurance you get based on information in your credit report.** Unsolicited prescreened offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-5OPTOUT (1-800-567-8688).

· **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

· **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

**TYPE OF BUSINESS:**

Consumer reporting agencies, creditors and others not listed below

**CONTACT:**

Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580  
1-877-382-4357

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National banks, federal branches/agencies of foreign Banks (word “National” or initials “N.A.” appear in or after bank’s name)

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Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219 1-800-613-6743

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Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 1-800-842-6929
Federal credit unions (words "Federal Credit Union" Appear in institution's name)	National Credit Union Administration 1775 Duke St, Alexandria, VA 22314 1-703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Ave., Ste 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 1-202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 1-202-720-7051

**IMPORTANT NOTICE**  
**CONCERNING INVESTIGATIVE CONSUMER REPORTS**  
**CALIFORNIA NOTICE**

In connection with your application for employment or your employment (including contract for services), we may obtain an investigative consumer report on you from Unisource Screening and Information, Inc. (P.O. Box 159 Rancho Cucamonga, CA 91729).

We will be requesting information from various federal, state, local and other agencies about your past activities.

The nature and scope of the investigation we are requesting is: a written report about you covering public record information, criminal records, driving record, prior employment, workers' compensation and social security verification. These reports will include reasons for termination of past employment.

The law requires that we provide you with this disclosure not later than three (3) days after the date on which this report is first requested. The law also requires that we provide you with a copy of the report and information on who issued the report and how to contact them, either at the time of our interview with you or within seven (7) days of the date we received the report, whichever is earlier.

Attached to this notice is a **Summary of your Rights under California Law with respect to Investigative Consumer Reports** ("Summary").

By signing below, you acknowledge receipt of this Notice and the attached Summaries.

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

\_\_\_\_\_  
**Applicant's/Employee's Signature**

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



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

1. The background information supplied by an applicant for a position opening will be checked by Clark's Nutritional Centers, Inc. or an outsource service to ensure the accuracy of the data furnished and the past performance record of the candidate.
2. I authorize Clark's Nutritional Centers, Inc. to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquires in connection with my application for employment.
3. **I should not resign my current employment until I have received a formal offer of employment, in writing, signed by a Clark's Nutritional Centers, Inc. Employment Representative.**
4. Clark's Nutritional Centers, Inc. retains the right to hire the person who appears to best fit its needs at this time. There will not be an explanation (unless specifically required by law) as to what factors went into this decision.
5. The information given to Clark's Nutritional Centers, Inc. representatives is true and complete to the best of my knowledge. In the event of employment, any significant misstatements or omissions later discovered in my background may be cause for my dismissal from Clark's Nutritional Centers, Inc.

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

\_\_\_\_\_  
Applicant Print Full Name

# Previous Name/Address/Employer History

Utilize this form if your application does not have the appropriate space to accommodate a seven (7) year name, address and employment history. **Note: Your history *must* cover the past (7) seven years or your application cannot be processed.**

## NAME HISTORY (OTHER NAMES USED)

Document all names and all dates of birth used in the past (7) seven years. You may utilize the back of this form if more space is needed.

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Last	First	Middle	Date of Birth
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Last	First	Middle	Date of Birth
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Last	First	Middle	Date of Birth
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## ADDRESS HISTORY ( 7 YEAR HISTORY )

Please list all residences where you have resided over the past seven (7) years. Clearly print the complete Address, City, State, Zip Codes, along with County/Province and Country. You may utilize the back of this form if more space is needed. *List most current address information first.*

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Address	City	State /Province	Zip Code	Country
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Address	City	State /Province	Zip Code	Country
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Address	City	State /Province	Zip Code	Country
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Address	City	State /Province	Zip Code	Country
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Address	City	State /Province	Zip Code	Country
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## EMPLOYER HISTORY ( 7 YEAR HISTORY )

Please list all employers you have worked for in the past seven (7) years. Clearly print the complete Address, City, State, Zip Codes, and **PHONE NUMBERS**. You may utilize the back of this form if more space is needed. *List most current information first.*

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Name:	Address	Phone (Do not leave blank)	Dates: From - To
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Name:	Address	Phone (Do not leave blank)	Dates: From - To
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Name:	Address	Phone (Do not leave blank)	Dates: From - To
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Name:	Address	Phone (Do not leave blank)	Dates: From - To
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Name:	Address	Phone (Do not leave blank)	Dates: From - To
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Name:	Address	Phone (Do not leave blank)	Dates: From - To
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