



Employment Application

Please read carefully before you sign this application. Please print.

To Applicant:
We appreciate your interest in our company and are interested in your qualifications. In order to make the best possible match between your skills and experience and our requirements, we need a clear understanding of your background. This application will remain active for six (6) months.

Instructions:
Please fill out all blanks carefully and completely. Resumes are not accepted in lieu of completed applications, but are gladly accepted and are considered as supplemental information. Attached additional sheets if required to fully answer any question.

POSITION OBJECTIVE

Position Desired:	<input type="text"/>	Location Preference:	<input type="text"/>	Date Available to Work:	<input type="text"/>
Type of Employment Desired:	<input type="text"/>				
<input type="checkbox"/> Full-Time – Minimum <i>Monthly</i> Salary Desired:	<input type="text"/>				
<input type="checkbox"/> Part-Time – Minimum <i>Hourly</i> Salary Desired:	<input type="text"/>				
Indicate Days and Hours Available:	From	To	Minimum Hours Acceptable Per Week:		
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tuesday	<input type="text"/>	<input type="text"/>	Maximum Hours Acceptable Per Week:		
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Thursday	<input type="text"/>	<input type="text"/>	When necessary, are you able to work?		
Friday	<input type="text"/>	<input type="text"/>	Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Saturday	<input type="text"/>	<input type="text"/>	Saturday: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL DATA

Social Security Number

May we contact you at your business?
 YES NO

New hires must produce proof of identity and employment eligibility upon hire in accordance with the Immigration Reform and Control Act of 1986. Applicants must be presently authorized to work in the United States.

Caltrol, Inc. may employ members of the same family/household; however, there are some restrictions.

Name: Last First MI

Present Address: Street City State Zip

Phone #: Home Business Message

Can you, upon employment, provide documented proof establishing your identity and eligibility to be legally employed in the United States? Yes No

Are you 18 years of age or older? Yes No
If not, CA requires you to furnish proper working documents.

Have you ever worked for Caltrol, Inc.? Yes No
If yes, give date(s) and location(s):

Do you have any family/household members employed by Caltrol, Inc.? Yes No
If yes, list name(s) and department(s):

How did you learn about the position you are applying for?
Employee: Agency:
Advertisement: Other:

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? If yes, explain: Yes No

Are there any workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

EMPLOYMENT DATA

Are you currently employed?

Yes No
 Yes No

If yes, may we contact your present employer before an offer is extended?

If you accept an offer, Caltrol, Inc. reserves the right to contact your current employer.

Please fill out completely and do not indicate "refer to resume". However, resumes are gladly accepted as supplemental information.

List all current and former employment beginning with the most recent.

Include military service and self-employment.

Caltrol, Inc. reserves the right to request proof of current/previous salary; such as a paycheck stub or W-2 form.

1. **Employer:** _____ Address: _____ Phone Number: _____

Supervisor: _____ Supervisor's Title: _____ Phone Number with Extension: _____

Beginning: Title: _____ Date (mo/yr): _____ Base Salary: _____ Commission/Bonus: _____
Ending: _____
Job Duties: _____

Did you voluntarily terminate your employment? Yes No State reason for leaving: _____

2. **Employer:** _____ Address: _____ Phone Number: _____

Supervisor: _____ Supervisor's Title: _____ Phone Number with Extension: _____

Beginning: Title: _____ Date (mo/yr): _____ Base Salary: _____ Commission/Bonus: _____
Ending: _____
Job Duties: _____

Did you voluntarily terminate your employment? Yes No State reason for leaving: _____

3. **Employer:** _____ Address: _____ Phone Number: _____

Supervisor: _____ Supervisor's Title: _____ Phone Number with Extension: _____

Beginning: Title: _____ Date (mo/yr): _____ Base Salary: _____ Commission/Bonus: _____
Ending: _____
Job Duties: _____

Did you voluntarily terminate your employment? Yes No State reason for leaving: _____

4. **Employer:** _____ Address: _____ Phone Number: _____

Supervisor: _____ Supervisor's Title: _____ Phone Number with Extension: _____

Beginning: Title: _____ Date (mo/yr): _____ Base Salary: _____ Commission/Bonus: _____
Ending: _____
Job Duties: _____

Did you voluntarily terminate your employment? Yes No State reason for leaving: _____

EMPLOYMENT DATA
CONTINUED

5. Employer: _____ Address: _____ Phone Number: _____
 Supervisor: _____ Supervisor's Title: _____ Phone Number with Extension: _____
 Title: _____ Date (mo/yr): _____ Base Salary: _____ Commission/Bonus: _____
 Beginning: _____ Ending: _____
 Job Duties: _____
 Did you voluntarily terminate your employment? Yes No State reason for leaving: _____

Have you ever been involuntarily discharged or asked to resign from a position? Yes No
 If yes, explain: _____

Do you have another job, which you intend to keep if Caltrol, Inc. employs you? Yes No
 If yes, company name and business: _____

Please explain any gaps in employment during the past ten years:

From	To	Explanation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For positions requiring driving, you may be required to produce appropriate documentation.

Do you have a valid driver's license? Yes No Driver's License Number _____ State _____ Exp. Date _____
 Are you willing to travel locally? Yes No
 Do you have reliable transportation? Yes No
 Do you have required insurance coverage? Yes No

PERSONAL INTERESTS

Tell us briefly about yourself and reasons for desiring employment with Caltrol, Inc.

EDUCATIONAL BACKGROUND

School Attended	Location	Major Studies	Years Completed	Degree Received
High School	_____	_____	1 2 3 4	_____
College/University	_____	_____	1 2 3 4	_____
Graduate School	_____	_____	1 2 3 4	_____
Business/Vocation	_____	_____	1 2 3 4	_____

List all foreign languages spoken: _____

List special licenses, certifications (e.g., CPA, real estate license): _____

PC Software (e.g., Word, Excel):

Technology Systems (e.g., Unix, NT, CICS, COBOL):

PERSONAL REFERENCES

Do not list relatives.

Name	Relationship	Business/Title	Length of Acquaintance	Phone Number
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BACKGROUND DATA

Have you ever been convicted, pled no-contest, participated in a pre-trial diversion, or been granted deferred adjudication in connection with a criminal offense involving, but not limited to: theft, perjury; sale of drugs; embezzlement; rape; murder; forgery; robbery; etc.? Yes No

If yes, please explain (if you need more space, please attach additional page):

For reference checking purposes, have you used other names in previous employment or schooling? Yes No

If yes, list names:

ADDITIONAL INFORMATION Please read carefully before signing.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, citizenship status, veteran status, presence of a non-job medical condition or disability or any other legally protected status. The Americans With Disabilities Act (ADA) and Section 503 of the Rehabilitation Act of 1973 prohibit employment discrimination against qualified individuals with disabilities. Similarly, Section 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974 eliminated barriers to employment for veterans. Caltrol, Inc. is covered under these laws and willingly complies with them. The information requested on this application would be used to determine your qualifications for the particular employment sought; however, Caltrol, Inc. makes no commitment to employment.

Caltrol, Inc. may request that an investigative consumer report be prepared, which may include information regarding your character, general reputation, police record, personal characteristics and mode of living. You may request that Caltrol, Inc. disclose to you the nature and scope of the investigation requested by submitting a written request to Human Resources within 10 days after you complete the application. I understand that Caltrol, Inc. may use an outside agency to conduct such background screenings. A conviction record will not necessarily preclude employment. Factors such as age at time of offense, seriousness and nature of the offense and subsequent rehabilitation will be taken into account. By signing this document, I authorize you to communicate with all former employers, school officials, authorities and persons named as references and hereby release all individuals and entities from any damage whatsoever resulting from giving such information.

I agree that in the event I am hired and leave the employ of Caltrol, Inc. for any reasons wherein I am indebted to the Company for any sum whatsoever, the Company is hereby authorized to deduct or offset any amount due and owing by me from the amount owed to my by the Company.

I understand that Caltrol, Inc. does not tolerate the use or possession of illegal drugs by its employees, nor does the company permit the possession of weapons of any kind or unauthorized possession on Company property. I realize that in order to ensure compliance with these policies, and with other policies, that the Company may decide to take certain security measures, which include searches of Company lockers, property of employees and blood/ urine tests and that I will be required to comply with any security measures, including but not limited to those mentioned above, which may be introduced by the Company.

I further understand that if my assigned duties require driving a Company or personal vehicle, I understand that the Company's ability to obtain insurance coverage for me is very important, and that I will be subject to termination upon becoming uninsurable at standard rates due to traffic violations received on or off job (and prior to becoming employed) and irrespective of fault.

I understand that in the course of my employment with Caltrol, Inc. I may have access to, or knowledge of information that the Company considers confidential. I further understand that it is important that the Company protect its confidential information. Therefore, I agree, as a precondition of employment, to enter a Confidentiality Agreement with the Company.

I further understand that the Company expects me to avoid any situation, which does not, or may, involve a conflict between my personal interest and the interest of the Company. Therefore, I agree as a precondition of employment to complete a Statement of Compliance concerning the Company Conflict of Interest Policy; and I further agree to abide by the policies set forth therein during my employment with the Company.

I understand and hereby acknowledge that, if hired, my employment and compensation can be terminated with or without notice at any time, at the option of either Caltrol, Inc or myself. I further understand and acknowledge that there will be no employment agreement, expressed or implied, between Caltrol, Inc. and myself for any specified period of time; that no individual has the authority to enter into any agreement contrary to the foregoing except for the President and, then only in writing.

I hereby certify under the penalty of perjury under the laws of the state of California that the answers and information provided by me in the foregoing statements are true and correct, and that I have not knowingly withheld any information that would, if disclosed, affect my application unfavorably. I understand that the falsification, omission or misrepresentation of fact on this application (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment if hired, regardless of when or how discovered.

Signature

Date

VOLUNTARY SELF-IDENTIFICATION

To assist us in meeting government reporting requirements and better evaluating the effects of our selection process, applicants are requested (but not required) to complete this section. The data you provide will be used solely for research and statistical purposes. Your voluntary cooperation is appreciated.

Last	First	MI

Social Security Number	Gender	Date of Application
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Position applied for:

--

Please mark the single race/ethnic category that best describes the group to which you belong. If you feel that more than one applies, mark the one that is most important to you.

- White** – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black** – All persons having origins in any of the Black racial groups of Africa.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Are you a person with a disability? Yes No

A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment.

Are you a Vietnam Era Veteran? Yes No

A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released from active duty other than a dishonorable discharge; or was discharged or released from active duty for a service-connected disability.

DETACH