

**ALLEN LUND COMPANY, INC.**

An Equal Opportunity Employer

Branch Office \_\_\_\_\_

**Employment Application**

**Please Print or Type**

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

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

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Mobile Telephone (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip

Permanent Address if different from present address:

\_\_\_\_\_  
No. Street City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?..... Yes No

Regular part-time work?..... Yes No

Temporary work, e.g., summer or holiday work?..... Yes No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From \_\_\_\_\_

Are you available for work on weekends? ..... Yes No

Would you be available to work overtime, if necessary?..... Yes No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for the Allen Lund Company, Inc. before?

Yes      No      If yes, when? \_\_\_\_\_

Were you referred by any friends or relatives working for the Allen Lund Company?

Yes      No      If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at the Allen Lund Company? \_\_\_\_\_

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  
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... 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

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Have you ever been convicted of a criminal offense other than minor traffic infractions? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) ..... Yes      No

If yes, give date(s) of conviction(s), locations(s), and describe the types of charge(s) and sentence:

Was the conviction a felony?..... Yes      No

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

Are you currently employed?..... Yes      No

If so, may we contact your current employer?..... Yes      No

**Education, Training and Experience**

<b>School</b>	<b>Name and Address</b>	<b>No. of years Completed</b>	<b>Did you Graduate?</b>	<b>Degree or Diploma</b>
High School			Yes No	
College/ University			Yes No	
Vocational/ Business			Yes No	
Health Care			Yes No	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?  
 ..... Yes      No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at the Allen Lund Company? If so, please explain:

Has your drivers 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 below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.**

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

Address \_\_\_\_\_  
No.      Street                      City                                      State                      Zip

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

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving:

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

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

Address \_\_\_\_\_  
No. Street City State Zip

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

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving:

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

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

Address \_\_\_\_\_  
No. Street City State Zip

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

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving:

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

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

Address \_\_\_\_\_  
No. Street City State Zip

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

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving:

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

Note: Attach additional page(s) if necessary.

### **Military Service**

Have you obtained any special skills or abilities as the result of service in the military?  
Yes No if so, describe:

### **Training**

All Allen Lund Company employees are required to attend a five-day training seminar at the Company headquarters located in Los Angeles, CA at some point during their initial 90-day introductory period. The exact date to be determined.

If hired, would you be able to attend? ..... Yes No

### Business References

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

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

### Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials I hereby certify that I've 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 Allen Lund Company, Inc. 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 Allen Lund Company, Inc. 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 Allen Lund Company, Inc., 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.

\_\_\_\_\_ I hereby certify that to the best of my knowledge I am able to perform all of the  
Initials duties and responsibilities of the position for which I am being considered, without violating any obligations to any other person(s) or company. As a part of this application, I agree to provide the Allen Lund Company a list of all my employers as well a copies of all nondisclosure and/or non-compete agreements that I have entered into. In addition, I will not disclose to you or use in my work for the Allen Lund Company, any confidential or proprietary information derived from sources other than my employment with you. I will not bring to your offices or facilities, or otherwise use or disclose any materials or documents belonging to any other person(s) or company who previously employed me. I understand that any violation in this regard shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the  
Initials submission of this application. I further agree, in the event that I am hired by Allen Lund Company, Inc., that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with Allen Lund Company, Inc., whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview, which  
Initials may be granted, or during my employment, if hired, is intended to create an employment contract between Allen Lund Company, Inc and me. 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 Allen Lund Company, Inc. and that no promises or representations contrary to the foregoing are binding on Allen Lund Company, Inc. unless made in writing and signed by me and Allen Lund Company, Inc.'s designated representative.

Date \_\_\_\_\_

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

**DISCLOSURE REGARDING THE ALLEN LUND COMPANY'S  
INTENT TO OBTAIN A CONSUMER CREDIT REPORT**

In connection with your application for employment, The Allen Lund Company intends to utilize a consumer credit reporting agency to investigate your credit history, credit worthiness, credit standing and/or credit capacity. Prior to obtaining a consumer credit report, the Allen Lund Company will ask its prospective employees to provide a written authorization. All consumer credit reports will be obtained in accordance with the Fair Credit Reporting Act and all applicable state laws.

**AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT**

The Allen Lund Company may request a Consumer Credit Report in accordance with the Fair Credit Reporting Act from a consumer reporting agency for employment related purposes. Your signature below:

1. Authorizes the Allen Lund Company to solicit information regarding your character, general reputation, previous employment history, and to verify the information contained in your application, including salary information, and to further obtain a Consumer Credit Report which may include, but not be limited to, criminal conviction history, education levels, and financial background information through the consumer credit bureaus.
2. Releases the company and its employees from all liability for soliciting and using said information. I understand that the company and its employees are not responsible for the accuracy of these reports. This release is valid for all federal, state, county and local agencies and authorities.
3. Acknowledges that you have received a copy of the Disclosure Regarding the Allen Lund Company's Intent to Obtain a Consumer Credit Report and the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

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

\_\_\_\_\_  
Date

Print Name \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Birthday (Month/Date Only): \_\_\_\_/\_\_\_\_/ Do not list year.

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me immediately:      Yes, please send me a copy of my Report.
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**SUMMARY OF YOUR RIGHTS**  
**UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>).

The FCRA gives you specific rights as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or state attorney general to learn those rights.

**You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

**You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs—to which it has provided the data—of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

**Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name address and phone number of the information source.

**You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

**Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

**You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

**You may seek damages from violators.** If a CRA, a user of (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

**For Questions or Concerns Regarding, Please Contact:**

CRA, creditors and others not listed below Federal Trade Commission Consumer Response Center –  
FCRA  
Washington, DC 20580  
202-326-3761