

# Mitchell Humphrey & Co.



## Application for Employment

### Important Notice:

We consider applicants for all positions without regard to race, color, religion, sex, national origin or ancestry, age, pregnancy, veteran's status, handicap or disability which (with reasonable accommodations, if requested) does not interfere with the performance of essential job functions with or without reasonable accommodation which does not cause undue hardship, or any other legally protected status. If you have a disability which may require accommodation for you to participate in our application process (including filling out this form, interviewing or any other pre-employment procedure or requirement), please make us aware of any accommodation you feel is needed prior to attempting to complete such procedure or requirement.

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	Salary Expected? _____

Last Name		First Name		Middle Name	
Address Number	Street	City		State	Zip Code
Telephone Number(s)		Driver's License Number & State		Social Security Number (Optional)	
In case of emergency, please notify:				Telephone	

Have you ever filed an application with us before?       No       Yes, specify date \_\_\_\_\_

Have you ever been employed with us before?       No       Yes, specify date \_\_\_\_\_

Are you currently employed?       Yes       No

May we contact your present employer?       Yes       No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?       Yes       No

*Proof of citizenship or immigration status will be required upon employment.*

If you are under 18 years of age, can you provide required proof of your eligibility to work?       Yes       No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:       Full Time       Part Time       All Shifts       Temporary

Are you currently on "lay-off" status and subject to recall?       Yes       No

Have you been convicted of a felony within the last 7 years?       Yes       No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain: \_\_\_\_\_

Name any relatives working for us: \_\_\_\_\_

Name any friends working for us: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

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## Education

	<b>High School</b>	<b>Undergraduate College/University</b>	<b>Graduate/ Professional</b>
School Name and Location			
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree			
Describe Course of Study in High School and above			
Describe any specialized training, apprenticeship, skills, and extra-curricular activities			
Describe any honors you have received			
List any license, certifications, or additional information you feel may be helpful to us in considering your application			

## Character References

Give name, email address, and telephone number of three references, such as co-workers, previous supervisors, neighbors, or friends.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?

Yes  No

If Yes, please describe.

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation (if not known, leave blank)?

Yes  No

If no, describe the functions that cannot be performed.

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*(Note: Mitchell Humphrey & Co. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

# **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national ancestry or origin, disability, veteran's or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

## Attendance

Our attendance control policies aim to reduce employee absenteeism and tardiness to less than 4% (less than one day per month) and require employees to call in promptly when they will be unexpectedly absent or tardy.

Will you normally be able to meet this target and call-in requirement?  Yes  No

My attendance record at my last place of employment was: (check one)

Excellent  Good  Satisfactory  Poor  Unsatisfactory

Although it is not required, you may voluntarily explain your answer.

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## Special Skills and Qualifications

Summarize any special job-related skills and qualifications acquired from employment or other experience.

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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

**In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in refusal to hire or, if employed, may subject me to discharge at any time after its discovery. If employed, I agree to abide by all rules and regulations of the company in effect from time to time.**

I agree to have character and credit investigations with the knowledge that this is to become part of my employment record. I hereby authorize my former employers and references to furnish any information concerning me and release them from any and all liabilities or damages of any nature because of furnishing such information. They may rely on a copy of this release.

I authorize the release of my educational transcripts to the Company for purposes of employment review.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that I may resign at any time, and the Company may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged as applying to me in writing by the President of the Company.

I understand that I have an obligation to inform the Company of any changes such as phone number, address, marital status, etc.

I agree to take a complete physical examination after an offer of employment has been extended and prior to hire, and at any time during my employment at the option of the Company at no personal expense. I understand that the examining physician or facility may disclose to the Company or its representatives the results of such examination subject to its use on a need-to-know basis, and that the medical records will be maintained separately from employment records. I understand that my continued employment may be conditioned on the findings of this examination.

I agree to undergo a comprehensive drug test prior to hire and drug/alcohol tests at any time during my employment at the discretion and expense of the Company. I agree to sign the required forms authorizing such testing and permitting the examining laboratory to disclose to the Company and its representatives the results of such tests to be included in my medical records. I understand my initial and continued employment is conditioned on my consent to such testing as well as the findings/results of the tests.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should again inquire as to whether or not applications are being accepted at that time.

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

\_\_\_\_\_  
Date

\*Are there any other names that your credit, education transcripts or employment records would be listed under?

Yes  No If Yes, please list: \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **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 FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 tell you, and 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 of 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 file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 reports 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 the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**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. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

Disclosure Regarding Background Investigation  
Fair Credit Reporting Act

The hiring company may obtain information about you from a third party consumer reporting agency (IRC) for employment purposes. Thus you may be the subject of a "consumer report" and/or an investigative consumer report, a 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 criminal history, motor vehicle records, verification of your education or employment history, or other background checks.

You have the right, upon written request made within reasonable time, to request whether a consumer report has been obtained on you, and disclosure of the nature and scope of any investigative consumer report to request a copy of your report. The background investigation will be conducted by, **IRC, Inc., 20675 Western Ave Suite 200, Torrance, CA 90501**, Mailing Address: **PO Box 3345 Torrance CA 90510** Phone: **(866) 781-8160**.

**Authorization and Release**

I acknowledge receipt of the separate documents entitled Disclosure Regarding Background Investigation and a Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand those documents. I hereby authorize IRC, Inc. and its designated agents (SambaSafety, TransUnion, National Student Clearinghouse, TALX) and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to, the following areas: names and dates of previous/current employment, work experience, criminal history records (from local, state, federal, international and other law enforcement agencies' records), motor vehicle records, military records, educational verification, license verification, credit reports, civil cases and any sanction lists,

Upon Request, **IRC, Inc., 20675 Western Ave Suite 200, Torrance, CA 90510**, Mailing Address: **PO Box 3345 Torrance CA 90510** Phone: **(866) 781-8160**, will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment with the hiring company. I certify that all information provided below and on my resume is correct to the best of my knowledge. Any false statements provided in this form and my resume will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

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

Applicant's Name: \_\_\_\_\_

List all Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Optional)

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_