



# CLAUSEN HOUSE EMPLOYMENT APPLICATION FORM

We are an Equal Opportunity Employer

## Please Print

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

## Present Address

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

\_\_\_\_\_  
Business Phone                      Home Phone                      Email Address

## Employment Desired

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

## Personal Information

How did you hear about our company and this job opening? \_\_\_\_\_

Have you ever applied to or worked for Clausen House before?.....  Yes  No

If yes, when? \_\_\_\_\_

Do you have a valid CA Drivers license?.....  Yes  No

Do you have at least the minimum amount of automobile insurance required by California Law?.....  Yes  No

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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 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 for which you are applying, either with or without reasonable accommodation?.....  Yes  No

If no, describe the functions that cannot be performed.

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(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.)

### Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City                      State                      Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ Address _____ City                      State                      Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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**Education, Training, and Experience - continued**

<u>School</u>	<u>Name and Address</u>	<u>No. of Years Completed</u>	<u>Did you Graduate?</u>	<u>Degree or Diploma</u>
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____	State _____	Zip Code _____	

Certification	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____	State _____	Zip Code _____	

**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 Employer	Phone Number		
_____	_____		
Type of Business	Your Supervisor's Name		
_____	_____		
Address & Street	City	State	Zip Code

Dates of Employment: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Current Employer?.....  Yes  No

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

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

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Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

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

### 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 & Street

City

State

Zip Code

Occupation

No. of Years Acquainted

First Name

Last Name

Phone Number

Address & Street

City

State

Zip Code

Occupation

No. of Years Acquainted

First Name

Last Name

Phone Number

Address & Street

City

State

Zip Code

Occupation

No. of Years Acquainted

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

\_\_\_\_\_  
Initials

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.

\_\_\_\_\_  
Initials

I hereby authorize Clausen House to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. 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.

\_\_\_\_\_  
Initials

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.

\_\_\_\_\_  
Initials

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.

**The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

\_\_\_\_\_  
Date

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

## EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability or any other legally protected status.

As an employer with an Equal Opportunity Program, we comply with government regulations, including Equal Opportunity responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal Requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

## VOLUNTARY SURVEY

*(Please Print)*

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### Check One:

Male \_\_\_\_\_ Female \_\_\_\_\_

### Check one of the following: (Ethnic Origin)

African Amer./Black \_\_\_\_\_ Chinese/Chinese-Amer. \_\_\_\_\_ Japanese/Japanese-Amer. \_\_\_\_\_

Latino/Mexican-American/Cuban/Puerto Rican \_\_\_\_\_ Native-American/American Indian \_\_\_\_\_

Pacific Islander/Polynesian/Filipino \_\_\_\_\_ South Asian \_\_\_\_\_ Southeast Asian \_\_\_\_\_

White \_\_\_\_\_ Other \_\_\_\_\_ (Please specify)

### Check if any of the following are Applicable:

Vietnam era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Individual with Disability \_\_\_\_\_