

APPLICATION FOR EMPLOYMENT

BACKGROUND CHECKS

PCM is concerned about violence in the workplace, falsified employment applications, and employee theft. We will conduct a full background check on all candidates for employment.

DRUG SCREENING

PCM is committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of an Employment Physical that includes a drug and alcohol screen.

PERSONAL

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Position Applied For:			Date:
Name: Last	First	Middle	Phone #:
Address:			
City:	State:	Zip:	

List previous addresses for the last 10 years only if you have not lived at your current address for 10 years:

Do you own a manor or have a financial interest in a manor in Laguna Woods Village? Yes No

Are you currently on a Laguna Woods Village Board or Committee? Yes No

Have you ever used another name? Yes No. List all other names by which you have been known:

Are you applying for: Full-time work Part-time work Temporary work

What days and hours are you available for work? _____

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

If hired, what date can you start? _____ Salary Desired: _____

Do you have any commitment to another entity or person that might affect your employment with our company? Yes No

If yes, describe fully: _____

If full-time, you will be required to work 40 hours per week. Can you meet this requirement? Yes No

Are you at least 18 years of age? Yes No

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

Are you legally entitled to work in the United States? Yes No
 (Proof of authorization will be required upon hire)

Have you ever worked for PCM? Yes No If yes, When? _____
 What position? _____ List any relatives employed by PCM _____

EDUCATION

School	Name/Location	Course of Study	# Years Completed	Did You Graduate?	Degree
High School					
College/ University					
College/ University					
Technical/ Trade					
Other Job Related Training					

SKILLS

If required for the position: Do you have a valid California Drivers License? Yes No
 Do you have adequate transportation to and from work? Yes No
 You will be required to provide a current DMV printout if you will be driving a company vehicle.

Do you speak, write or understand any foreign languages? Yes No If yes, which language:

List any computer programs with which you are familiar: _____

Do you have any other skills, which you feel make you a good candidate for the job, which you are applying?

REFERENCES

Who Referred You To Our Company?

List below two persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide two school or personal references who are not related to you.

Name	Address	Telephone#	Years Known

Have you ever been terminated or asked to resign from any job? Yes No

If _____ yes, _____ please _____ explain
circumstances: _____

EMPLOYMENT HISTORY

List below all present and past employment for the last ten (10) years, starting with your most recent employer. ***You must complete this section even if attaching a resume.*** Are you employed now? Yes No If yes, may we inquire of your present employer? Yes No

Employment	Your Position & Duties	Exact Reason for Leaving
Company:	Title:	
City: State:	Duties:	
Supervisor:		
Title:		
Phone #:		
Type of Business:		
Dates Employed: From: To:		
Part Time: Full Time:		
Salary:		
Company:	Title:	Exact Reason for Leaving
City: State:	Duties:	
Supervisor:		
Title:		
Phone #:		
Type of Business:		
Dates Employed: From: To:		
Part Time: Full Time:		
Salary:		
Company:	Title:	Exact Reason for Leaving
City: State:	Duties:	
Supervisor:		
Title:		
Phone #:		
Type of Business:		
Dates Employed: From: To:		
Part Time: Full Time:		
Salary:		
Company:	Title:	Exact Reason for Leaving
City: State:	Duties:	
Supervisor:		
Title:		
Phone #:		
Type of Business:		
Dates Employed: From: To:		
Part Time: Full Time:		
Salary:		

UNEMPLOYMENT HISTORY

Please account for any time(s) you were not employed in the last 10 years. ***You must account for all periods of unemployment.***
 You do not need to include periods of one month or less.

Time Period	Reason(s) Unemployed
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PLEASE ANSWER ACCURATELY, WE CONDUCT FULL BACKGROUND CHECKS ON ALL CANDIDATES

Have you ever, under your name or another name, been convicted of (or plead or nolo contendere to) a Felony or Misdemeanor? Yes No Did any conviction result in imprisonment? Yes No
(Do not identify convictions for marijuana-related offenses that are more than two years old; or convictions for which the criminal record has been expunged, sealed or eradicated by the court; or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court.)

If yes, explain each conviction fully; when, where and of what you were convicted and disposition of the cases (s):

Are you currently under arrest, or released on bond on your own recognizance, pending trial for criminal offense? ...Yes No

If yes, state the nature of the crime charged, and when and where trial is pending: _____

(Note: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere] of a criminal offense; or, solely on an affirmation answer above. 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 will be considered.)

AUTHORIZATION
PLEASE READ THE FOLLOWING CAREFULLY THEN SIGN BELOW.

BY MY SIGNATURE PLACED BELOW, I, (name: _____), PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE. I AGREE TO IMMEDIATELY NOTIFY THE COMPANY IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING, OR DURING MY EMPLOYMENT IF HIRED.

IF THE COMPANY MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A COMPLETE EMPLOYMENT PHYSICAL AND MENTAL EXAMINATION. I ALSO CONSENT TO THE APPROPRIATE RELEASE OF ANY AND ALL MEDICAL INFORMATION, AS MAY BE DEEMED NECESSARY. I HEREBY RELEASE THE COMPANY, ANY INDIVIDUAL PARTICIPANT IN SAID EXAMINATION, AND ANY THIRD PARTY FROM POTENTIAL LIABILITY ARISING OUT OF THE EXAMINATION.

I UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT OR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THE COMPANY UNLESS I HAVE BEEN GIVEN PERMISSION IN WRITING BY THE COMPANY.

COMPLIANCE WITH RULES

IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF THE COMPANY, INCLUDING SPECIFICALLY THE COMPANY’S MANDATORY ARBITRATION POLICY.

AGREEMENT FOR AT-WILL EMPLOYMENT – APPLIES TO NON-UNION POSITIONS ONLY

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS 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 YOU EMPLOY ME, IN CONSIDERATION OF MY EMPLOYMENT, MY EMPLOYMENT WILL BE AT-WILL, FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME, FOR ANY REASON OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF THE COMPANY OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF THE COMPANY. I PROMISE THAT I HAVE NOT RELIED, AND WILL NOT RELY, ON ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY. I UNDERSTAND AND AGREE THAT THIS IS THE ENTIRE AGREEMENT BETWEEN ME AND THE COMPANY REGARDING THE TERM OF MY EMPLOYMENT AND REPLACES ANY OTHER ORAL OR WRITTEN AGREEMENT OR UNDERSTANDING.

I HAVE READ AND AGREE TO ALL STATEMENTS LISTED ABOVE. I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date: _____

Signature: _____

Name: _____

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, PREGNANCY, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, GENDER IDENTITY, CITIZENSHIP OR ANY OTHER CHARACTERISTIC PROTECTED BY STATE OR FEDERAL LAW.

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with PCM, Inc. I authorize PCM, Inc. to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to PCM, Inc. and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize PCM, Inc. to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than PCM, Inc.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with PCM, Inc.. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

If you are under 18 years of age, your parent or guardian must sign this form:

Parent/Guardian Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____

Street /P. O. Box City State Zip Code County Dates

Former Address: _____

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

For Identification Purposes Please Provide: Month of Birth: _____ Day of Month Born: _____ (1-31)

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

INFORMATION AND RELEASE AUTHORIZATION FORM
TO BE USED WHEN REFERENCE, EDUCATION OR LICENSE VERIFICATION OF INFORMATION IS REQUIRED
The information provided below is to be used to evaluate my employment application with (Res1028)
PCM, Inc.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY INFOLINK SCREENING SERVICES, INC.

I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.
 A photographic or faxed copy of this Information & Release Form shall be as valid as the original.

I HEREBY AUTHORIZE YOU TO PROVIDE INFORMATION TO KROLL BACKGROUND AMERICA, INC. whose offices are at:

9201 Oakdale Avenue
 Chatsworth, CA 91311-6520

Their phone numbers are PHN: (818/800) 990-HIRE(4473) ♦ FAX: (818) 709-2345

THE FOLLOWING MUST BE FILLED OUT COMPLETELY FOR YOUR APPLICATION TO BE CONSIDERED.....PLEASE USE A PEN WITH BLACK INK

(Please Print Clearly)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____ SS# _____ - _____ - _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

Please provide the following information for each company listed on employment application (Use Additional Paper if Necessary):

COMPANY (1) -(This is my Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No)	DATES OF EMPLOYMENT _____ to _____	CITY/STATE _____
POSITION/DUTIES _____	SUPERVISORS _____	TEL NO: (include Area Code) _____
COMPANY (2)	DATES OF EMPLOYMENT _____ to _____	CITY/STATE _____
POSITION/DUTIES _____	SUPERVISORS _____	TEL NO: (include Area Code) _____
COMPANY (3)	DATES OF EMPLOYMENT _____ to _____	CITY/STATE _____
POSITION/DUTIES _____	SUPERVISORS _____	TEL NO: (include Area Code) _____
COMPANY (4)	DATES OF EMPLOYMENT _____ to _____	CITY/STATE _____
POSITION/DUTIES _____	SUPERVISORS _____	TEL NO: (include Area Code) _____

May we contact your current employer? YES NO

Please provide the school, university or college name (highest level of education received) as listed on employment application:

School: _____

School: _____

Location: _____ Years Attended: _____ Deg: _____

Location: _____ Years Attended: _____ Deg: _____

Other cities and counties where you have lived within the past 7 years:

City: _____ County: _____ St: _____ Date: _____

Personal References (Individuals with whom you have worked):

Name: _____ Phone: _____

City: _____ County: _____ St: _____ Date: _____

Name: _____ Phone: _____

(Please Sign)

SIGNATURE _____ TODAY'S DATE _____

**NOTE: THIS IS AN INFORMATION FORM ONLY
 THIS FORM DOES NOT REPLACE THE DISCLOSURE FORM WHICH MUST BE SIGNED SEPARATELY**