



# Employment Application

## Notice to Applicants

1. An individual may only apply for the available job position shown above and on the first page of the employment application. If your employment application indicates you are applying for another job position, or seeking another job, or “any” your employment application will be rejected.
2. The purpose of the employment application is to provide you with the opportunity to demonstrate your skills, experience, abilities and other personal attributes that meet the qualification requirement(s) for the job position that is available. It will be to your best interest to take your time and list the qualifications you believe you have, in addition to what has been listed on your resume.
3. Any individual who needs accommodations or assistance in making application for employment at any time during the application process should inform Human Resources, so that such accommodations can be made.
4. All of the inquiries on the application must be completed and the information you provide must be accurate and truthful. If an inquiry is left blank, your employment application will be rejected. If you feel the question or information sought is not applicable, put N/A for a response. Any false or inaccurate information will result in rejection of the application or will result in termination of employment if the false or inaccurate information is discovered after the date of hire.

It is the goal of U.S. Best Repair Service (USBRS) to balance our respect for individuals with the need to provide a safe work environment and healthy, productive, drug-free workforce. USBRS has a strong commitment to programs that promote safety in the workplace, employee health and well being and employee confidence.

USBRS is an **Equal Opportunity Employer**, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, or disability that does not prohibit performance of essential job function. If you are an individual with a disability and need reasonable accommodation to participate in the hiring process, please contact Human Resources at (714) 599-7501.

USBRS is a **Smoke-Free Work Environment**. Smoking (including smokeless tobacco) is not permitted on Company owned and operated premises, except in designated smoking area only.

USBRS believe that **prohibiting the use or influence of alcohol, illegal drugs and controlled substances** in the workplace will improve the safety, health and productivity of our employee. Therefore, USBRS has adopted a policy of pre-employment drug testing, reasonable suspicion drug and/or alcohol testing and post accident and/or alcohol testing.

**Pre-Employment Drug Testing** – All job offers, including offers for full-time, part-time and temporary employment, will be contingent on satisfactorily passing a drug and alcohol test. Individual with positive drug testing results will not be hired and may not apply or be considered for employment for (6) months after a positive test result.

In accordance with Section 274A of the **Immigration Reform and Control Act of 1986**, all employees hired after November 6, 1986, will be required to provide USBRS with proof of eligibility to work in the United States (I-9 form).

**I understand that I will only be considered for the job for which I am applying. I understand that my employment application will only be considered active for 6 months from the date signed below. I hereby acknowledge that I understand these instructions and will abide by them.**

**Position Applying for:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Today’s Date**



**EMPLOYMENT APPLICATION**  
An Equal Opportunity Employer

**Please Print Clearly:**

**Today's Date:** \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

**Present Address:**

\_\_\_\_\_  
No. & Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code + 4

**Permanent Address:** (if different from present address)

\_\_\_\_\_  
No. & Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code + 4

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cellular Phone

\_\_\_\_\_  
Email Address

**Employment Desired:** *An individual may only apply for the available job position shown below. If your employment application indicates you are applying for another job position, or seeking another job, or "any" your employment application will be rejected.*

**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: \_\_\_\_\_ To: \_\_\_\_\_

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: \_\_\_\_\_

Have you ever applied to or worked for U.S. Best Repair Service, Inc. before? ..... Yes  No

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

Do you have any friends or relatives working for U.S. Best Repair Service, Inc.? ..... Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Why are you applying for work at U.S. Best Repair Service? \_\_\_\_\_

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

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



# EMPLOYMENT APPLICATION

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. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed.)..... Yes  No   
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(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

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____ Address _____ City, State & Zip Code _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<b>College/ University</b>	Name _____ Address _____ City, State & Zip Code _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<b>Vocational/ Business</b>	Name _____ Address _____ City, State & Zip Code _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<b>Certificate/ Licensed by:</b>	Name _____ Address _____ City, State & Zip Code _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

**License or Certificate:** \_\_\_\_\_  
**Expires:** \_\_\_\_\_

Many of our Clients do not speak English. Do you speak or write any foreign languages? ..... Yes  No   
If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at U.S. Best Repair Service, Inc.? ..... Yes  No   
If so, please explain: \_\_\_\_\_



# EMPLOYMENT APPLICATION

**Answer the following questions if you are applying for an office/professional position:**

Are you licensed/ certified for the job applied for? ..... Yes  No

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended? ..... Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

**Answer the following questions if you are applying for a field or sales position:**

Drivers license number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

Are you licensed/ certified for the job applied for? ..... Yes  No

Name of license(s)/certification(s): \_\_\_\_\_ Issuing state: \_\_\_\_\_

License/certification number(s): \_\_\_\_\_

Have any of your licenses/certifications 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 five years is sufficient). Account for all periods of unemployment. *You must complete this section even if attaching a resume.*

_____ Name of Employer	(_____) _____ - _____ Telephone No.
_____ Type of Business	_____ Your Supervisor's Name
_____ Address & Street	_____ City State Zip + 4
Dates of Employment: _____ From To	Pay Rate: _____ Starting Ending
_____ Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	

_____ Name of Employer	(_____) _____ - _____ Telephone No.
_____ Type of Business	_____ Your Supervisor's Name
_____ Address & Street	_____ City State Zip + 4
Dates of Employment: _____ From To	Pay Rate: _____ Starting Ending
_____ Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	



# EMPLOYMENT APPLICATION

## Employment History: Continued

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

\_\_\_\_\_  
 Telephone No.

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

\_\_\_\_\_  
 Your Supervisor's Name

\_\_\_\_\_  
 Address & Street

\_\_\_\_\_  
 City State Zip + 4

Dates of Employment: \_\_\_\_\_  
 From To

Pay Rate: \_\_\_\_\_  
 Starting Ending

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

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

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

## Military Service:

Have you obtained any special skills or abilities as the result of service in the military? ..... Yes  No

If so, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Professional References: List below 3 persons not related to you who have knowledge of your work performance within the last 3 years.

\_\_\_\_\_  
 First Name Last Name Telephone No. Fax No.

\_\_\_\_\_  
 Address & Street City State Zip + 4

\_\_\_\_\_  
 Occupation # Years Acquainted Email Address

\_\_\_\_\_  
 First Name Last Name Telephone No. Fax No.

\_\_\_\_\_  
 Address & Street City State Zip + 4

\_\_\_\_\_  
 Occupation # Years Acquainted Email Address

\_\_\_\_\_  
 First Name Last Name Telephone No. Fax No.

\_\_\_\_\_  
 Address & Street City State Zip + 4

\_\_\_\_\_  
 Occupation # Years Acquainted Email Address

**CONDITIONS OF EMPLOYMENT:**

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

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 U.S. Best Repair Service, 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 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 the Company 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 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 President/CEO of U.S. Best Repair Service.

\_\_\_\_\_  
**Initials**

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

\_\_\_\_\_  
**Initials**

I waive receipt of a copy of any public record described in the paragraph above

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

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

\_\_\_\_\_  
**Applicant's Full Name (Please Print)**

Any Previous Names Used? Yes  No

If Yes, please provide with time frames used \_\_\_\_\_

**EEO DATA FORM**

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. *It will be separated from the application.*

Applicant Name \_\_\_\_\_  
Last First MI

**SEX: (Please check one)**

Male

Female

**ETHNIC ORIGIN: (Please check one)**

Asian /Pacific American Indian

White

Black

Hispanic

Pacific Islander / Alaskan

Two or more Races

Do Not Wish to Disclose

**VETERAN: (Please check one)**

Do Not Wish to Disclose

Not a Veteran

**Disabled Veteran** – a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation( or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

**Vietnam Era Veteran** – A person who served on active duty for more than 180 days and was discharged or released other than dishonorably, any time in the republic of Vietnam between February 28, 1961 and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases; or was discharged or released from active duty for service connected disability if any part of such act of duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases.

**Recently Separated Veteran** – any veteran during the three-year period beginning on the date of such veteran’s discharge or released from active duty in the U.S. military, ground, naval, or air service.

**Armed Forces Service Medal Veteran** – any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to executive Order 12985.

**Other Protected Veteran** – a veteran who served active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of defense.