



SPECIALTY PRODUCTS  
Delivering Value

**SANTA FE SPRINGS HOME OFFICE:**

15415 Marquardt Avenue, Santa Fe Springs, CA 90670 · 800-352-3870 · 562-802-1786 fax

<b>FRESNO, CA</b> 2478 N. Sunnyside Ave. Fresno, CA 93727 800-827-4389 559-291-2433 fax	<b>SAN JOSE, CA</b> 1155 Mabury Road San Jose, CA 95133 800-767-0719 408-287-2004 fax	<b>SAN MARCOS, CA</b> 431 Daisy Lane San Marcos, CA 92078 800-237-5233 760-471-3351 fax	<b>SACRAMENTO, CA</b> 524 Galveston Street W. Sacramento, CA 95691 800-533-0816 916-374-0900 fax	<b>LAS VEGAS, NV</b> 3455 W. Lake Mead Blvd. N. Las Vegas, NV 89032 866-472-3695 702-638-8515 fax	<b>PORTLAND, OR</b> 13010 NE David Circle Portland, OR 97230 877-827-4381 503-252-2782 fax	<b>TEMPE, AZ</b> 1059 West Geneva Drive Tempe, AZ 85282 800-352-5548 480-517-0766 fax
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**A P P L I C A T I O N F O R E M P L O Y M E N T**

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion, natural origin, or other protected classification.

**• P E R S O N A L I N F O R M A T I O N •**

Please print clearly and use black or blue ink only.

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security# \_\_\_\_\_

Other names used in employment \_\_\_\_\_

Present Address \_\_\_\_\_

STREET

CITY

STATE

ZIP

Home Phone Number ( ) \_\_\_\_\_ Business Phone Number: ( ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please list all of your residences during the last 10 years. Begin with your current residence.

Address of Residence	City, State & Zip Code	Dates		If rented, give name & address of the person responsible for the collection of rent
		From Month/Year	To Month/Year	

**• E M P L O Y M E N T D E S I R E D •**

Position \_\_\_\_\_ Salary desired \_\_\_\_\_

Date you are available \_\_\_\_\_

Are there any hours, shifts, or days you cannot or will not work? \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

**• E D U C A T I O N •**

Name of last Grade, Junior or Senior High School attended and location (City and State)

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Do you have a GED Certificate?     Yes     No

Circle Highest Grade Completed    1   2   3   4   5   6   8   9   10   11   12   13   14   15   16   17   18   19   20

List the names and locations of all Colleges and Universities Attended

	Location		Degree Earned	No. of Units Earned		
	City	State		Qtr.	Sem.	Other Type    No

List the names and locations of Business or Trade Schools attended (Include any related courses or training received)

	Location		Majors and Minors	No. of Units Earned	Sem. or Qtr.	Degree or Certificate Received
	City	State				

If a License or Certificate is required for this position, list those which you possess with dates of expiration.

License or Certificate \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

**• F O R M E R E M P L O Y M E N T •**

<b>FROM</b>	____/____	Name of Employer _____
	<b>TO</b>	____/____
Position _____		Salary _____
Briefly summarize your responsibilities _____		
Reason for leaving _____		
May we contact? _____		Supervisor: _____

<b>FROM</b>	____/____	Name of Employer _____
	<b>TO</b>	____/____
		Address _____ Telephone (    ) _____
		Position _____ Salary _____
Briefly summarize your responsibilities _____		
Reason for leaving _____		
May we contact? _____		Supervisor: _____

<b>FROM</b>	____/____	Name of Employer _____
	<b>TO</b>	____/____
		Address _____ Telephone (    ) _____
		Position _____ Salary _____
Briefly summarize your responsibilities _____		
Reason for leaving _____		
May we contact? _____		Supervisor: _____

Have you ever lied on or falsified a background application or questionnaire?     Yes     No    If Yes, Explain

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How would you rate your work performance?

- Above average
- Average
- Below average

How do you describe your traits or qualities as an employee?    Please Explain

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In your opinion, how would your current supervisor rate your work performance?

- Above average
- Average
- Below average

How many reprimands/warnings have you received at work within the last five years? \_\_\_\_\_ Please Explain

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Have you ever been suspended from work?  Yes  No If Yes, Explain

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Have you ever received any disciplinary action at work?  Yes  No If Yes, Explain

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Have you ever quit a job out of anger?  Yes  No If Yes, Explain

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Have you ever had any problems dealing with the public on any jobs you have held?  Yes  No  
If Yes, Explain

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Have you ever been fired or asked to resign?  Yes  No If yes, please explain.

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Have you ever been convicted of a felony?  Yes  No If yes, describe \_\_\_\_\_

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(Conviction will not necessarily disqualify an applicant from employment.)

**• FOR POSITIONS HANDLING COMPANY'S FINANCE •**

Have any of your bills ever been turned over to a collection agency?  Yes  No  
If "Yes", please give details (include when, firms involved, circumstances).

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**• M O T O R V E H I C L E O P E R A T I O N •**

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name under which license was granted \_\_\_\_\_

Please list other states where you have been licensed to operate a motor vehicle

State \_\_\_\_\_ Name under which license was granted \_\_\_\_\_

State \_\_\_\_\_ Name under which license was granted \_\_\_\_\_

State \_\_\_\_\_ Name under which license was granted \_\_\_\_\_

State \_\_\_\_\_ Name under which license was granted \_\_\_\_\_

Have you ever been refused a driver's license by any state?  Yes  No

If "Yes", please explain (include when, where, why)

\_\_\_\_\_  
 \_\_\_\_\_

Please list all traffic citations (exclude parking citations) you have received within the last 5 years.

Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license

Have you ever been involved as a driver in a motor vehicle accident within the last 5 years?  Yes  No

If "Yes", please give details for each accident.

Date \_\_\_\_\_ location \_\_\_\_\_  Injury  Non-injury

Police Investigation  Yes  No Police Agency \_\_\_\_\_

Date \_\_\_\_\_ location \_\_\_\_\_  Injury  Non-injury

Police Investigation  Yes  No Police Agency \_\_\_\_\_

Date \_\_\_\_\_ location \_\_\_\_\_  Injury  Non-injury

Police Investigation  Yes  No Police Agency \_\_\_\_\_

Date \_\_\_\_\_ location \_\_\_\_\_  Injury  Non-injury

Police Investigation  Yes  No Police Agency \_\_\_\_\_

Date \_\_\_\_\_ location \_\_\_\_\_  Injury  Non-injury

Police Investigation  Yes  No Police Agency \_\_\_\_\_

If there is anything you wish to discuss about your driving record, please use the space below.

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Has your license ever been suspended, revoked, or placed on negligent operator's probation?  Yes  No  
If "Yes", please give details (include what, when, where, why).

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### **APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I understand that my employment at this Company is "at will", which means that either I or the Company can terminate the employment relationship any time with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Can you submit verification of your legal right to work in the United States?  Yes  No

If the position for which you are applying has a minimum age requirement, please answer the following questions.

Are you at least eighteen (18) years of age?  Yes  No

Are you at least twenty-one (21) years of age?  Yes  No

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



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**ADVISEMENT TO APPLICANTS**

The purpose of a pre-employment background investigation for all intents and purposes, is to verify that the application you have submitted and any statements you have made to your prospective employer concerning your qualifications are true.

The California Courts have held that an employer has a legal duty to know the persons whom it employs. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected form further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or over which they may feel embarrassed. A prospective employer will not make inquiries into areas of a person’s background which have no legitimate bearing on their qualification for the job. However, you should understand that the mere presence of so-called “negative” information in your background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, have used illegal drugs, may have been fired from a job or even have been convicted of a crime as an adult. While these things in and of themselves may not automatically remove that person from consideration for a job, lying about them will!

If you make untrue statements, shade the truth, or otherwise attempt to deceive your prospective employer, these facts will be discovered. Therefore, it is absolutely to your advantage to be as candid as possible with our background investigation.

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to assure that your have been honest in your application. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

**Certification**

I understand that any false statements and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents and have been furnished a copy.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_



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**PRE - INVESTIGATIVE QUESTIONNAIRE**

Last Name	First Name	Middle Name	DOB
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It is very important that the following questions are answered fully and neatly and that you be completely honest. It is better that you provide too much information than not enough. Any attempt to intentionally omit or hide information will be grounds for disqualification of future termination. Let the investigator determine if some fact is relevant or not. You might assume that something in your background could be grounds for disqualification, when in fact it may not be.

Answer every question even if it does not apply. In that case just write N/A. If your answer requires more space, attach another sheet to this questionnaire indicating which question you are answering. Remember that your responses to this questionnaire will be verified with a background investigation. The ability to complete this document neatly is an important part of the hiring process. None of the following questions are intended as medical inquiry.

If you have read and understand the preceding instructions, sign and date below as indicated.

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

\_\_\_\_\_  
Date

Name all clubs or organizations that you belong to:

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Have you committed any of the following acts?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Arson (intentionally starting a fire)                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Burglary (entry of a building or vehicle to commit a theft of other crime) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Robbery (theft from another person using a weapon, force or threat)        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Homicide   | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| Theft  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assault  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you ever been on probation or parole?  Yes  No If Yes, explain

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Have you ever illegally used or experimented with any of the following substances, drugs or narcotics?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>Marijuana:</b> Bud, Endo, Boom, Pot, Reefer, Grass, Weed, Dope, ganja, Mary Jane, Acapulco, Gold, Columbian Gold, Joint, roach, tai Sticks, Doobie   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Tetarhydrocannabinol:</b> THC  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Hashish:</b> Hash  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Amphetamines:</b> Speed, Uppers, Ups, Black Beauties, Pep Pill, Copilots, Bumblebees, Hearts, Footballs, Wake Ups, Truck Drivers, Eye Openers, Cross Tops, White Crosses, Crystals, Black Mollies, Peaches, Roses, Whites, Bennies, Dexies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Barbiturates:</b> Downers, Barbs, Nimbies, Nemmies, Yellows, Yellow Jackets, Blues, Blue Bids, Blue Heaven, Blue Devils, Reds, Red Devils, Red Birds, Pinkies, Pink Ladies, Rainbows, Double Trouble, Tooies, Christmas Trees              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Methaqualone:</b> Quaaludes, Ludes, Sopor  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Mescaline:</b> Mesc  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Nitrous Oxide:</b> Laughing Gas, Whippets  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Chlorohydrocarbons:</b> Aerosol Sprays, Cleaning Fluids  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Hydrocarbons:</b> Solvents   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Steroids</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Cocaine:</b> Coke, Snow, Nose Candy, Flake, Blow, Big "C", Lady, White, Snowbird   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Crack Cocaine:</b> Crack, Rock, Freebase   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Phencyclidine:</b> PCP, Hog, Angel Dust, Love Boat, lovely, Killer Weed, Whack, Dust, Sherms   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Lysergic Acid:</b> LSD, Acid, Microdot, White Lightning, Blue Heaven, Sugar Cubes, Tabs  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>Peyote:</b> Buttons, Cactus   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Psilocybin:</b> Magic Mushrooms, shrooms  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Heroin:</b> Heroin, Smack, Horse Mud, Brown Sugar, Junk, Black Tar, Big H, Pure Gram, Cap, Bindle, Spoon, a Fix | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Opium:</b> Paregoric, Dover's Powder, Parepectolin  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Morphine:</b> Pectoral Syrup  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Amyl Nitrite:</b> Poppers, Snappers   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Butyl Nitrite:</b> Ruch, Bolt, Bullet, Locker Room, Climax, Adam, Doctor, Essence, Exotic, Ecstasy              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Designer:</b> Synthetic Heroin, Chine White, New Heroin, Ecstasy, XTC, Adam, Essence, PCPY, PCE, PCP            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Other:</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you ever lied on or falsified a background application or questionnaire?  Yes  No If Yes, Explain

How would you rate your work performance?

- Above average
- Average
- Below average

How do you describe your traits or qualities as an employee? Please Explain

In your opinion, how would your current supervisor rate your work performance?

- Above average
- Average
- Below average

How many reprimands/warnings have your received at work within the last five years?\_\_\_\_\_ Please Explain

Have you ever been suspended from work?  Yes  No If Yes, Explain

Have you ever received any disciplinary action at work?  Yes  No If Yes, Explain

Have you ever quit a job out of anger?  Yes  No If Yes, Explain

Have you ever had any problems dealing with the public on any jobs you have held?  Yes  No  
If Yes, Explain

Have you ever been mentioned, in any way, on a restraining order?  Yes  No If Yes, Explain

Have you ever been fired or asked to resign?  Yes  No If yes, please explain.

If you have ever been convicted for any crime (excluding traffic citations), please give the following information:  
(An arrest resulting in participation in a diversion program, or the fact that your record may have been affected  
by sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer  
this question. Please see the cover page for details).

Approx. Date	Police Agency	Circumstances

**• M O T O R V E H I C L E O P E R A T I O N •**

California driver's license number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name under which license was granted \_\_\_\_\_

Please list other states where you have been licensed to operate a motor vehicle

State \_\_\_\_\_ Name under which license was granted \_\_\_\_\_

State \_\_\_\_\_ Name under which license was granted \_\_\_\_\_

State \_\_\_\_\_ Name under which license was granted \_\_\_\_\_

State \_\_\_\_\_ Name under which license was granted \_\_\_\_\_

Have you ever been refused a driver's license by any state?  Yes  No

If "Yes", please explain (include when, where, why)

\_\_\_\_\_  
\_\_\_\_\_

Please list all traffic citations (exclude parking citations) you have received within the last 5 years.

Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license

Have you ever been involved as a driver in a motor vehicle accident within the last 5 years?     Yes     No

If "Yes", please give details for each accident.

Date \_\_\_\_\_ location \_\_\_\_\_     Injury     Non-injury

Police Investigation     Yes     No    Police Agency \_\_\_\_\_

Date \_\_\_\_\_ location \_\_\_\_\_     Injury     Non-injury

Police Investigation     Yes     No    Police Agency \_\_\_\_\_

Date \_\_\_\_\_ location \_\_\_\_\_     Injury     Non-injury

Police Investigation     Yes     No    Police Agency \_\_\_\_\_

Date \_\_\_\_\_ location \_\_\_\_\_     Injury     Non-injury

Police Investigation     Yes     No    Police Agency \_\_\_\_\_

Date \_\_\_\_\_ location \_\_\_\_\_     Injury     Non-injury

Police Investigation     Yes     No    Police Agency \_\_\_\_\_

If there is anything you wish to discuss about your driving record, please use the space below.

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Has your license ever been suspended, revoked, or placed on negligent operator's probation?     Yes     No

If "Yes", please give details (include what, when, where, why).

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# EEO REPORTING FORM

## POLICY

It is the policy of this organization to provide equal employment opportunities to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, or other class protected by federal, state, county or local regulations. Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Completion of this form is **voluntary** and in no way affects your application for employment. This form is not used for employment decisions and will be maintained in confidential file separate from your application form and/or personnel file.

## PERSONAL INFORMATION

PRINT FULL NAME

DATE

ADDRESS

POSITION APPLIED FOR

CITY IN WHICH YOU ARE APPLYING

## REFERRAL SOURCE

REFERRAL SOURCE:

- Advertisement (Name of publication/source) \_\_\_\_\_
- Employment Agency (Name of agency) \_\_\_\_\_
- Job Fair (State location) \_\_\_\_\_
- Internet (Site) \_\_\_\_\_
- Individual Referral (State name/relationship) \_\_\_\_\_
- Walk-In
- Other \_\_\_\_\_

GENDER:

- Male     Female

ETHNICITY:

Are you Hispanic or Latino?        Yes        No

RACE:

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Two or More Races (not Hispanic or Latino)

CHECK WHICH, IF ANY APPLY:     Vietnam Era Veteran     Disabled Veteran     Other Veteran     Disabled

## APPLICANT CERTIFICATION

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.

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