Employment Application

An Equal Opportunity Employer

Please Print Clearly

_____
Date

_____ _____ _____
Last Name First Name Middle

_____ _____ _____ _____
Street Address City State Zip Code

(___)____-_____ (___)____-_____ _____
Main Phone # Secondary 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 work for American Integrated Services? ☐ Yes ☐ No

If yes, when? _____

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 not, describe the functions that cannot be performed.

_____
_____
_____
_____

Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and to skill and agility test.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
_____	_____	_____	_____	_____

High School

_____ Did you Graduate? ☐ Yes ☐ No
Name

_____ _____ _____ _____
Address City State Zip Code

College / University

_____ Did you Graduate? ☐ Yes ☐ No
Name

_____ _____ _____ _____
Address City State Zip Code

Employment Application

Education, Training, and Experience – Continued

Vocational / Business

_____ Did you Graduate? ☐ Yes ☐ No
Name

_____ _____ _____ _____
Address City State Zip Code

Training

_____ Did you Graduate? ☐ Yes ☐ No
Name

_____ _____ _____ _____
Address City State Zip Code

Employment History

List below all present 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

Employment Application

Employment History - Continued

_____ (____)_____-_____

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

Note: Attach additional page(s) if necessary.

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

_____ _____

Applicant's Signature Date

EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least $50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be only accessed by the Human Resources department.

If you choose not to self-identify at this time, the federal government requires American Integrates Services Inc. to determine this information by visual survey and/or other available information.

NAME: _____

JOB TITLE: _____

DATE COMPLETED: _____

GENDER:
(Please check one of the options below)

☐ Male

☐ Female

☐ Nonbinary

RACE/ETHNICITY:
(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

☐ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

☐ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

☐ I do not wish to disclose.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE/LOCAL NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **American Integrated Services, Inc.** (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Employers Choice Screening, 13210 Florence Ave., Santa Fe Springs, CA 90670, (888) 553-2103,** www.employerschoicescreening.com and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company ☐

Last Name:	First:	Middle Name:
Alias Names:		
* Social Security #: — —	* Date of Birth: — —	(YEAR OF BIRTH IS VOLUNTARY)
Drivers' License #:	State of Drivers License	
Current Address:	Cellular Phone #:	
City / State / Zip code:		

*PROVIDING YEAR OF BIRTH IS STRICTLY VOLUNTARY. THIS INFORMATION WILL ALLOW EMPLOYERS CHOICE SCREENING TO PROPERLY IDENTIFY YOU IN THE EVENT WE FIND ADVERSE INFORMATION DURING THE COURSE OF A BACKGROUND INVESTIGATION. YOUR INFORMATION WILL NOT BE USED AS HIRING CRITERIA.

Signature: _____ Date: _____

Revised 01/04/2024

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the Fair Credit Reporting Act and applicable state law. Employers Choice Screening expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

NOTICE REGARDING BACKGROUND CHECKS PER CALIFORNIA LAW

American Integrated Services, Inc. (the "Company") intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record (which may contain your photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information), and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **Employers Choice Screening, 13210 Florence Ave., Santa Fe Springs, CA 90670, (888) 553-2103, www.employerschoicescreening.com**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

☐ Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California Statement of Consumer Rights

You have rights when an investigative consumer report is obtained on you. You can find the complete text of the law governing Investigative Consumer Reporting Agencies at California Civil Code §§1786 – 1786.60 (the "Investigative Consumer Reporting Agencies Act" or "ICRAA"). The ICRAA is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

The following is a summary of the provisions of Section 1786.22, which you are required to receive when an Investigative Consumer Report ("ICR") will be obtained about you:

You have the right to contact the agency that made the ICR and get information from that agency. You can do this in one of the following ways:

1. You can go to the agency in person during the normal business hours. You can bring someone with you. That person may be required to present identification. You may be required to sign a paper allowing the agency to discuss your file with or to show your file to this person.

2. You may receive a copy of your file by certified mail, if you have given written notice to the agency that you want information mailed to you or to another person you want to receive the file. You will be required to provide identification when you write for your file.

3. You may be able to discuss your file over the telephone if you have give written instructions to the agency and have provided identification.

You have the right to receive a copy of your file or your ICR from the agency. You may be charged the cost of duplication.

You have the right to have trained personnel at the agency explain any information contained in the ICR or your file.

You have the right to a written explanation of any codes or abbreviations used in your ICR, so you can understand the report.

You also have rights under federal law in regard to your Report. A copy of those rights is given to you with this California statement of consumer rights. Many of these rights are also included within California law. Under federal law, your report is a consumer report, not an investigative consumer report, unless the report contains information obtained from a personal interview, in which case it is an investigative consumer report under federal law.