

Workers' Compensation Insurance Rating Bureau of California

525 Market Street, Suite 800
San Francisco, CA 94105
Phone: 415-777-0777

17100 Pioneer Boulevard, Suite 313
Artesia, CA 90701
Phone: 562-246-1666

Employment Application

Date: _____

Name: _____

Other Names by Which You Have Been Employed: _____

Home Address: _____

City _____ State _____ Zip _____

Phone Number: (____) _____ - _____

Best Time to Contact: _____

Alternate Phone: (____) _____ - _____

Best Time to Contact: _____

Email address: _____

Position Desired: _____

Referral Source: _____

Date available to start work: _____

Salary or Hourly Wage Desired: _____

Are you 18 years of age or older?

YES NO

If hired, can you present evidence of your age and proof of your legal right work in the United States?

YES NO

(Note, if hired, you will be required to complete a U.S. Department of Justice Immigration and Naturalization Service Employment Eligibility Verification Form, Form I-9.)

Have you been employed by the Bureau before?

YES

NO

If yes, in what position? _____ Dates employed? From _____ to _____

Have you ever been convicted of a crime? *(Note: Under California law, you may exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case was dismissed.)* YES NO

If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of a 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 applied for may, however, be considered.)

PROFESSIONAL REFERENCES

You may list previous/current supervisors as well as previous/current co-workers.

Name _____ Title _____
Company Name _____ Telephone Number (____) _____
Affiliation to You _____

Name _____ Title _____
Company Name _____ Telephone Number (____) _____
Affiliation to You _____

Name _____ Title _____
Company Name _____ Telephone Number (____) _____
Affiliation to You _____

Name _____ Title _____
Company Name _____ Telephone Number (____) _____
Affiliation to You _____

Name _____ Title _____
Company Name _____ Telephone Number (____) _____
Affiliation to You _____

May we make inquiries of your present employer? YES NO

EDUCATION

Name and City of High School Attended _____

Did you graduate? YES NO

Did you obtain your GED? YES NO

College or Other Schools Attended (e.g., vocational, technical, etc.)

Name and Location of School*	Field of Study	Degree Obtained

*If a degree is required for the position and you are offered employment, you MUST provide transcripts for all institutions from which you obtained a degree.

ADDITIONAL INFORMATION

Please provide any additional information that you think would be applicable; e.g., internships, volunteer work, membership in professional organizations, and explanation of gaps in employment. Please omit any organizations that indicate or may indicate race, religion, creed, color, age, sex, national origin, ancestry, sexual orientation, handicap or labor organization affiliations.

EMPLOYMENT HISTORY

Please list your job history for the **past ten years** beginning with your present or most recent employment and noting any periods in which your were not employed in the section marked "Additional Information" on Page 3. Please include military service. Attach additional sheet if necessary.

Employer _____ Dates Employed / / to / /
Month Year Month Year

Address _____ Beginning Salary _____
_____ Ending Salary _____

Supervisor Name _____ Telephone (_____) _____

Position (s) Held _____

Duties _____

Reason for Leaving _____

Employer _____ Dates Employed / / to / /
Month Year Month Year

Address _____ Beginning Salary _____
_____ Ending Salary _____

Supervisor Name _____ Telephone (_____) _____

Position (s) Held _____

Duties _____

Reason for Leaving _____

Employer _____ Dates Employed / / to / /
Month Year Month Year

Address _____ Beginning Salary _____
_____ Ending Salary _____

Supervisor Name _____ Telephone (_____) _____

Position (s) Held _____

Duties _____

Reason for Leaving _____

EMPLOYMENT HISTORY

CONTINUED

Employer _____ Dates Employed _____ / _____ to _____ / _____
Month Year Month Year

Address _____ Beginning Salary _____
_____ Ending Salary _____

Supervisor Name _____ Telephone (_____) _____

Position (s) Held _____

Duties _____

Reason for Leaving _____

Employer _____ Dates Employed _____ / _____ to _____ / _____
Month Year Month Year

Address _____ Beginning Salary _____
_____ Ending Salary _____

Supervisor Name _____ Telephone (_____) _____

Position (s) Held _____

Duties _____

Reason for Leaving _____

Employer _____ Dates Employed _____ / _____ to _____ / _____
Month Year Month Year

Address _____ Beginning Salary _____
_____ Ending Salary _____

Supervisor Name _____ Telephone (_____) _____

Position (s) Held _____

Duties _____

Reason for Leaving _____

THIS SECTION IS TO BE COMPLETED ONLY BY APPLICANTS WHO ARE APPLYING FOR A POSITION WHICH REQUIRES THE OPERATION OF A COMPANY-OWNED AUTOMOBILE.

Do you possess a valid California driver's license? YES NO

Driver's License Number: _____ Expiration Date: _____

In the past three years, have you been convicted of a moving traffic violation? Yes No
If yes, please explain: _____

By my signature below I authorize the Bureau to obtain a Motor Vehicle Report from the California Department of Motor Vehicles, and I understand that my employment is contingent upon having a driving record that is satisfactory to the Bureau and to the Bureau's insurance carrier.

Signature

THIS SECTION IS TO BE COMPLETED ONLY BY APPLICANTS WHO ARE APPLYING FOR CLERICAL POSITIONS.

Typing _____ wpm

Shorthand _____ wpm

Transcription

Data Entry _____ ksph

Ten-Key Calculator

Software _____

Other Skills _____

ADDITIONAL SKILLS

Please list any additional skills, which do not appear on your resume, for the position in which you are applying.

DISCLAIMERS

Please read carefully and initial each disclaimer.

ACCURACY STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any misrepresentation, false statement or omission of any fact made in this application will result in removal of my application from consideration or immediate dismissal should I be employed by the Bureau.

Initial _____

EQUAL EMPLOYMENT OPPORTUNITIES

The Bureau supports and subscribes to all equal employment opportunities pertaining to job applicants and employees.

The Bureau's policy regarding hiring, firing, training, compensation, promotion, and other terms, conditions, or privileges of employment is to fill every position without regard to race, color, religion, creed, ancestry, sex, marital status, age, national origin, sexual orientation, physical handicap, medical condition or any other consideration made unlawful by federal, state or local laws.

Initial _____

AT-WILL

I understand that either I or the Bureau may terminate the employment relationship at any time with or without advance notice and with or without reason. No representative of the Bureau has the authority to change the at-will nature of the employment relationship, except by written authorization signed by the President of the Bureau. Similarly, no discipline procedure, grievance procedure, benefit plan or other policy or practice can alter the at-will nature of the employment relationship. I understand that the foregoing agreement of at-will status is the sole and entire agreement between the Bureau and me concerning the duration of my employment and the circumstances under which my employment may be terminated.

Initial _____

I understand that this application and any other documents which I may receive are not contracts of employment.

Signature of Applicant

Today's Date

This application will remain on file for sixty-(60) days only. If you wish to be considered for employment after 60 days, you must reapply.