

**ACTION
AUTO
RECOVERY**
SINCE 1967

— **Southern California Repossession & Skip Tracing Experts** —

www.RepoBiz.com / skip@repobiz.com

State License RA 641

Action Auto Recovery / Action Investigators Employment Application

First Name: _____ Middle: _____ Last: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Email: _____ Social Security Number: _____

Drivers License Number: _____ State: _____

I am applying for: Office Staff: _____ Repossessor (must be 23 years or older) : _____ Skip Tracer: _____

Education: _____

Languages spoken other than English: _____

Employment History:

Company Name: _____ Possession: _____

Contact Name: _____ Phone Number: _____

Company Name: _____ **Possession:** _____

Contact Name: _____ **Phone Number:** _____

Company Name: _____ Possession: _____

Contact Name: _____ Phone Number: _____

Equal Employment Opportunity: Action Auto Recovery pledges equal access to employment, facilities, and programs, regardless of race, color, creed, religion, sex, sexual orientation, age, disability, national origin, veteran status, or marital status. All employees of Action Auto Recovery are subject to random drugs and alcohol testing. All new hires are subject to a complete background check. All Repossessors must be cleared by the California Bureau of Security & Investigative Services.

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In exchange for the consideration of my job application by Action Auto Recovery / Action Investigators (hereinafter called "the Company"),

I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Action Auto Recovery / Paramount Investigations, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Action Auto Recovery / Paramount Investigations may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Print Name: _____ Signature: _____

Date: _____

Please fax to: **562-989-1414** or Scan and email to: **skip@repobiz.com**

Thank you