

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Action Auto Recovery - RA 641
Paramount Investigations - PI 6514

Complete and fax to
310-436-6886

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES

DATE: _____

Name: _____
Last First Middle Maiden

Present address: _____

How long : _____ Social Security No: _____ - _____ - _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Email: _____

If under 18, please list age: _____

Days/hours available to work:

Position applied for:

(1) _____

(2) _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Action Auto Recovery - RA 641
Paramount Investigations - PI 6514

Complete and fax to
310-436-6886

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: _____	Name of last supervisor	Employment dates	Pay or salary
_____		From	Start
Address, City, State, Zip Code		To	Final
Phone number: _____	Your last job title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: _____	Name of last supervisor	Employment dates	Pay or salary
_____		From	Start
Address, City, State, Zip Code		To	Final
Phone number: _____	Your Last Job Title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Action Auto Recovery - RA 641
Paramount Investigations - PI 6514

Complete and fax to
310-436-6886

APPLICATION FOR EMPLOYMENT

Height _____ ft. _____ in. Weight _____ Birth date _____
Married Yes No If married, how long? _____ Single Separated Divorced Widowed
Full name of spouse _____ Occupation _____
Name of company _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____
Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

**TO BE COMPLETED AFTER
EMPLOYEE HAS BEEN
HIRED**

Date of employment _____ Job title _____ Dept. _____
Location _____ Rate of pay _____ Full-time Part-time Salaried
Applicant's signature acknowledging above information _____
Drug test confirmation number _____
Name of person verifying information _____
Name of person authorizing employment _____

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Action Auto Recovery - RA 641
Paramount Investigations - PI 6514

Complete and fax to
310-436-6886

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Action Auto Recovery / Paramount Investigations (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.

Signature of applicant _____ **Date:** _____

Action Auto Recovery / Paramount Investigations is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business