



# SUMMER HOUSE, INC.

P.O. BOX 1724 WOODLAND, CALIFORNIA 95776 PHONE (530) 662-2763 FAX (530) 662-3534  
 License #570301295 Summer House, Inc; License #570317743 Davis Summer House, Inc

<b>APPLICANT INFORMATION</b>														
Last Name			First			Date								
Street			Apartment											
City			State			ZIP								
Phone			E-mail											
Position														
Hours		Full Time		<input type="checkbox"/>		Part Time		<input type="checkbox"/>		Any Available		<input type="checkbox"/>		
Locations		Woodland		<input type="checkbox"/>		Davis		<input type="checkbox"/>		Anywhere in Yolo County			<input type="checkbox"/>	
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted of a felony or misdemeanor?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
Do you have a valid California driver's license?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have your own insured, reliable transportation?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you had any accidents or moving violations in the last three years?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
Are you able to perform the essential functions of the job, either with or without reasonable accommodation?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain						
<b>AVAILABILITY</b>														
Please provide times available:														
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														
Saturday														
Sunday														
<b>EDUCATION</b>														
High School			Address											
			Graduate			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree				
College			Address											
From		To	Graduate		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other			Address											
From		To	Graduate		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					



**PREVIOUS EMPLOYMENT**

Company					Phone		
Address					Supervisor		
Job Title			Starting	\$	Ending	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title			Starting	\$	Ending	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title			Starting	\$	Ending	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**REFERENCES**

Please list three professional references.

Full Name			Relationship		
Company			Phone		
Address			Email		
Full Name			Relationship		
Company			Phone		
Address			Email		
Full Name			Relationship		
Company			Phone		
Address			Email		

**DISCLAIMER AND SIGNATURE**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary to arrive at an employment decision. The applicant understands that the nature of the employment contract is 'At-Will'. This means that at the sole discretion of either the employer or the employee, the relationship may be terminated with or without cause at any time. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Signature				Date	
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**FAX COVERSHEET**

<b>Send to:</b> Lindsay Roden Placer Insurance Agency	<b>From:</b> Erin Plank-Ryan Summer House, Inc.
<b>Fax/Phone number:</b> 916-784-8116 916-797-4408	<b>Fax/Phone number:</b> 530-662-3534 530-662-2763
<b>Date:</b>	<b>Total pages, including cover:</b> <b>1</b>

## Comments:

Regarding Policy # 2010-00064 Commercial Auto  
Please check the Department of Motor Vehicle report for the following individual and advise us if they are acceptable or unacceptable to be added to our Commercial Auto Policy.

**Notice of Intent to Conduct Background & DMV Investigation**

I, \_\_\_\_\_, give my permission to Summer House, Inc. to give the included information to Placer Insurance Agency to check my Department of Motor Vehicles report and share the results with Summer House Inc. I understand the information contained on the report may adversely affect my status of employment with Summer House, Inc.

I also authorize Summer House, Inc. to solicit information from the Federal Bureau of Investigations and the Department of Justice in order to conduct a criminal background check. I understand the information contained on the report may adversely affect my status of employment with Summer House, Inc.

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

*For Office Use Only:*Placer Insurance AgencyEmployer

Report Acceptable: \_\_\_\_\_

Add as Driver: \_\_\_\_\_

Report Unacceptable: \_\_\_\_\_

Date to Add: \_\_\_\_\_

Call Me: \_\_\_\_\_

Do Not Add as Driver: \_\_\_\_\_



**EQUAL EMPLOYMENT OPPORTUNITY FORM**

Full Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ M.I.

Position  
Applied for:

\_\_\_\_\_

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.*

**For EEO reporting purposes** (Please check only one):

- |  |                          |   |                          |   |
|--|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino         | <input type="checkbox"/> | <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> | <input type="checkbox"/> Other                  |

**Gender**

- |                                 |                          |                               |
|---------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> | <input type="checkbox"/> Male |
|---------------------------------|--------------------------|-------------------------------|

**How did you hear about this position?**

- |                                      |                          |   |                          |   |
|--------------------------------------|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> Newspaper   | <input type="checkbox"/> | <input type="checkbox"/> Company Employee | <input type="checkbox"/> | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair    | <input type="checkbox"/> | <input type="checkbox"/> Placement Office | <input type="checkbox"/> | <input type="checkbox"/> Web Site _____           |
| <input type="checkbox"/> Other _____ |                          |   |                          |   |

**Other Information**

- |  |
|--|
| <input type="checkbox"/> Disabled            |
| <input type="checkbox"/> Disabled Veteran    |
| <input type="checkbox"/> Vietnam Era Veteran |

**If you checked disabled or disabled veteran,** you may identify any accommodations that Summer House, Inc. might make that would better enable you to perform the essential functions of the job for which you applied.

