



# 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

APPLICANT INFORMATION					
Last Name		First		Date	
Preferred Pronoun(s)					
Street Address				Apartment	
City		State		ZIP	
Phone			E-mail Address		
Position Applied for					
Hours Preferred:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Any Available <input type="checkbox"/>		
Locations Preferred:	Woodland <input type="checkbox"/>	Davis <input type="checkbox"/>	Anywhere in Yolo County <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
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		
AVAILABILITY					
Please provide times available:					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					



**EDUCATION**

High School				Address			
			Graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	De	
College				Address			
From		To	Graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	De	
Other				Address			
From		To	Graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	De	

**PREVIOUS EMPLOYMENT**

Company				Phone			
Address				Super			
Job Title				Starting	\$	Ending Salary	\$
Responsibilities							
From		To	Reason for Leaving				
May we contact for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone			
Address				Super			
Job Title				Starting	\$	Ending Salary	\$
Responsibilities							
From		To	Reason for Leaving				
May we contact for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone			
Address				Super			
Job Title				Starting	\$	Ending Salary	\$
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> Cheryl Obregon Placer Insurance Agency	<b>From:</b> Hailey Paulson Summer House, Inc.
<b>Fax/Phone number:</b> 916-784-8116 916-784-1008 EXT. #163	<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 Agency

Report Acceptable: \_\_\_\_\_  
Report Unacceptable: \_\_\_\_\_  
Call Me: \_\_\_\_\_

#### Employer

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



OPPORTUNITY

**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**

- Disabled
- Disabled Veteran
- 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.

