



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							
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							
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							
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

Send to: Cheryl Obregon Placer Insurance Agency	From: Hailey Paulson Summer House, Inc.
Fax/Phone number: 916-784-8116 916-784-1008 EXT. #163	Fax/Phone number: 530-662-3534 530-662-2763
Date:	Total pages, including cover: 1

Comments:

<p>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.</p>

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

Employer

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

- 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.

