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PAR IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. **Name:** _____
Last First Middle

2. **Address:** _____
Street City State Zip

3. **Telephone Number:** (____) _____ - _____ 4. **Email Address** _____

5. **Are you at least 18 years old?** Yes No *If employed & under the age of 18, can you furnish a work permit?* Yes No

6. **Do you have a legal right to work in the United States?** Yes No

If employed, you will be required to provide proof.

7. **Have you applied to PAR for employment in the past?** Yes No

If yes, when? _____

Position applied for: _____

8. **Do you have any relatives currently employed by PAR?** Yes No

If yes, who? _____

What relation to you? _____

9. **Have you ever used another name that we would need to verify your employment experience and education?**

Yes No If yes, indicate such name and the date the name changed:

10. **Are you currently employed?** Yes No *If yes, may we contact your current employer at any time?* Yes No

You may contact my current employer, but only when: _____

POSITION

- Position for which you are applying: _____

First Choice
Second Choice
- Salary/wage desired: _____ per _____
- Are you available to work:

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call
<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime	<input type="checkbox"/> Split Shift
<input type="checkbox"/> Other: _____			
- When would you be available to start working? _____
- How did you hear about the availability of the position for which you are applying?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Other: _____		
- If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? Yes No
 License #: _____ Class: _____ State: _____ Expiration Date: _____
- Have you been given a Job Description, or have the requirements of the job been explained to you? Yes No
 Do you understand these requirements? Yes No
- Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No
- Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No

SPECIAL SKILLS AND TRAINING

- Describe specialized training, apprenticeships, skills or research:

- List current certifications and/or professional licenses, if any, and where registered:

- Office/business equipment and software qualified or trained to use:

4. Check special skills or training:

- | | |
|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Inventory Control |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Information Systems Mgt. |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Sanitation |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Maintenance Mechanics |
| <input type="checkbox"/> Shipping & Receiving | <input type="checkbox"/> Equipment Maintenance |

Please Check Software and List Programs
(i.e., Word, Excel, etc.):

- | | |
|--|--|
| <input type="checkbox"/> Word Processing _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Spreadsheet _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Database _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Accounting _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> basic <input type="checkbox"/> adv. |

5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated. **Ten years of previous employment is required to be listed.**

THE FOLLOWING MUST BE COMPLETED IN DETAIL– RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer	Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

2.	Employer	Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

3.	Employer	Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

EMPLOYMENT EXPERIENCE

4.	Employer	Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

5.	Employer	Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

6.	Employer	Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

<p>Are there any gaps in between employment over 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

FOR DRIVER APPLICANTS ONLY

NOTE: This section applies to driver applicants, such as Sales Representatives, Sanitation Drivers who operate vehicles 10,001 lbs. or more, and commercial driver applicants, such as Sanitation Driver Level I and Sanitation Driver Level II who operate vehicles 26,001 lbs. and more.

PREVIOUS THREE YEARS RESIDENCY

Have you been at your current residency for less than three years? Yes No
 If yes, provide previous addresses in the last three years in the space below.

Date	Street	City	State	Zip Code

DRIVING EXPERIENCE

Check all that apply:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Straight Truck | <input type="checkbox"/> Semi-Trailer |
| <input type="checkbox"/> Flat Bed | <input type="checkbox"/> None |
| <input type="checkbox"/> Tanker | <input type="checkbox"/> Other: _____ |

How many years have you operated commercial vehicles? _____

ACCIDENT RECORD FOR THE PAST THREE YEARS

Attach additional sheet if more space is needed. Check this box if none

Date	Type of Accident (Head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Chem. Spills (Yes/No)

DRIVING HISTORY

Have you held a driver's license in the past three years in another state? Yes No
 If yes, provide state, driver's license number and type of license:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? Yes No
 If yes, explain:

ACKNOWLEDGEMENT

My signature below certifies all entries and information on this form are true and complete to the best of my knowledge.

 Driver Applicant Signature

___/___/___
 Date

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	Choose Last Year
High School			9 10 11 12
Community College	From: _____ To: _____	Degree: Yes No	1 2
College/University	From: _____ To: _____	Degree: Yes No	1 2 3 4
Graduate School	From: _____ To: _____	Degree: Yes No	1 2 3 4
Business/Trade/Other School	From: _____ To: _____	Degree: Yes No	1 2 3 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION AND ACKNOWLEDGEMENT

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

_____ Initial **Accuracy:** I hereby certify that I have personally completed this application, that the answers given by me are true and complete, and that no material fact has been omitted. I understand that any false or misleading information provided on this or any other employment form will be cause for denial of employment or immediate termination of employment regardless of the amount of time that has elapsed before the discovery.

_____ Initial **Contingencies:** I acknowledge that my job offer is contingent upon completion of satisfactory background and reference checks and may also be contingent upon the following depending on the job requirements: proof of a valid driver's license and insurability; passing a drug test; medical fitness of duty examination; and/or a credit check. Failure to meet any of the contingencies designated in the job description is cause for denial of employment or immediate dismissal.

_____ Initial **At-Will Employment:** I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation on the part of PAR to hire me; that this application is not intended to be a contract for employment. If I am hired, I understand that either PAR or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I further understand that no one other than the President or Vice President or PAR has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing.

Print Name of Applicant

Signature of Applicant

Date