



## EMPLOYMENT RECORD

(Beginning with your present or last position, list the jobs that you have held)

Employer:	Supervisor:	Hourly Rate / Salary Starting:                      Ending:
Employer Address	City                      State                      Zip Code	Telephone Number: (      )
Dated Employed:    From:                      To:	Position Held:	Reason for Leaving:
Worked Performed:		

Employer:	Supervisor:	Hourly Rate / Salary Starting:                      Ending:
Employer Address	City                      State                      Zip Code	Telephone Number: (      )
Dated Employed:    From:                      To:	Position Held:	Reason for Leaving:
Worked Performed:		

Employer:	Supervisor:	Hourly Rate / Salary Starting:                      Ending:
Employer Address	City                      State	Telephone Number: (      )
Dated Employed:    From:                      To:	Position Held:	Reason for Leaving:
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Employer:	Supervisor:	Hourly Rate / Salary Starting:                      Ending:
Employer Address	City                      State	Telephone Number: (      )
Dated Employed:    From:                      To:	Position Held:	Reason for Leaving:
Worked Performed:		

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills or qualifications including licenses and certificates (please give registration number, state, and expiration date) acquired from employment or other experience, which relates to the job for which you are applying.

### Skills / Qualifications

License / Certificate Number:	State:	Expiration Date:
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In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?  Yes       No      If yes, identify names and relevant dates.

Name:	Relevant Date:
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Name:	Relevant Date:
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Name:	Relevant Date:
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List any relatives who are currently employed by us:

Name:	Relationship:
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Name:	Relationship:
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Name:	Relationship:
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## REFERENCES

Give name, address, telephone number, and company name of three character references who are not related to you and are not previous employers.

Name	Address	Telephone Number	Company Name

# APPLICANT STATEMENT

## Notice to Applicants:

Cliff Berry, Inc. (CBI) complies with Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

This application for employment will remain active for 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

If this application for employment is accepted, I understand that employment is not for any guaranteed term and may be terminated by CBI or employee at any time for any reason. It is further understood that this "at will" employment relationship may not be changed by any written document, **verbal statement**, or conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization in a written document titled "**Employment Contract**," and which specifically state the employee is not an At-Will employee.

I authorize CBI to investigate my background and all statements contained in this application for employment as may be necessary in arriving at an employment decision, including the contacting of the employers, educational institutions, and person listed previously, as well as law enforcement agencies, credit institution, or other persons having personal knowledge about me.

If there is a particular employer you do not wish us to contact, please indicate which one any why:

Employer Name:	Reason:
Employer Name:	

I hereby release and hold harmless my current and former employers, educational institutions, and person or organizations named on this application or accompanying resume from all liability on account of furnishing such information to CBI or its agents.

In the event of employment, I understand that false, misleading or omitted information given in my application, interview(s) or any other document or statement, may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I consent to a medical examination and the collection of blood and/or urine samples, as requested for the purpose of determining the presence of alcohol and/or drugs. I furthermore authorize the release of all medical information obtained during the examination and testing procedure to CBI. I understand that a Drug-Free Workplace program is in effect and that a positive result will be grounds for termination.

I understand that if I am hired I will be subject to a 90-day probationary period.

**I certify that all information contained in this application is correct to the best of my knowledge.**

Signature of Applicant: _____	Date: _____
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Company Name: Cliff Berry, Inc

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604-(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter D, Chapter 1, of Public Law 104-208), you are being informed that consumer reports will be run on you in the course of consideration for employment with Cliff Berry, Inc.

In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services, and persons to release information they may have about me to the person or company which this form has been filed, or their agents. My Signature releases the aforesaid parties from any liability and responsibility for collecting the above information.

Applicants applying for driving positions, reports verifying previous drug and alcohol test results and your driving record will also be obtained for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

This releases the aforesaid parties from any liability and responsibility for collecting the above information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Social Security Number

**Voluntary Affirmative Action Information**

This information is needed for statistical purposes to meet Federal Affirmative Action reporting requirements on Equal Employment Opportunity. Your participation in this survey is voluntary and your replies will be kept confidential. This survey will be detached from the application form prior to review of your qualifications.

**POSITION APPLYING FOR:** \_\_\_\_\_

**GENDER (CHECK ONE):**             Male             Female

**AGE:**                                 Under 20     20 -39         40 - 65         66 and over

**ETHNIC BACKGROUND:** Please review all categories listed below. Determine the category, which you believe best represents your ethnic background. Check one category only.

- White, Non Hispanic - A person with origins in any of the original people of Europe, North Africa, or the Middle East who is not of Hispanic origin.
- Black (African-American) - A person with origins in any of the black racial groups of Africa. Non-Hispanic.
- Hispanic, A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian - A person with origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including China, Japan, Korea, the Philippine Islands. Burmese and Samoa.
- American Indian or Alaskan Native: A person with origins in any of the original people of North American and who maintains cultural identification through tribal affiliation or community recognition.
- OTHER - Check here if you are uncertain of the category to which you belong and enter either:
  - 1. Specific ethnic descent: \_\_\_\_\_
  - 2. Mixture of ethnic descent: \_\_\_\_\_

Special Disabled Veteran:     Yes             No

A person entitled to disability compensation for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

Veteran of the Vietnam Era:     Yes     No

- A person who served
  - a. On active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1995, and was discharged or released therefrom with other than a dishonorable discharge, or;
  - b. Was discharged or released from active duty because of a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Disabled Individual:             Yes             No

A person who has a physical or mental impairment which substantially limits one or more life activities, has a record an impairment, or is regarded as having such an impairment.