

ELITE SERVICE EXPERTS, INC.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Personal Information

Name: _____ Date: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Telephone Number: () _____

Employment Desired

Position: _____ Date Available: _____ Desired Wage: _____

Full Time Part Time Specify Hours/Days: _____

Have you ever been employed with our company Yes No Dates? _____

How did you hear about our company? _____

Education

	Name and Location of School	Subject Studied	Did you Graduate
High School			
College			
Trade/Business Correspondence			
Certificates Held			

Former Employers

Last Employer first, describe all previous employment. *Use additional paper if necessary.*

Date	Name and address of Employer	Employer Telephone	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

3-References

Please give the names of three persons, unrelated to you, whom you have known for at least one year.

Name and Address	Business	Number of Years Acquainted	Phone Number
1)	_____		
2)	_____		
3)	_____		

If hired, can your present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Have you ever initiated an act of violence in the workplace? Yes No

NOTICE: New employees are required to produce verification of their legal right to work in the United States. If you are offered employment, you will be required to produce sufficient documentation of your identity and right to work in the United States and to attest under penalty of perjury that the documents you have produced are genuine and relate to you.

It is the policy of Grkg'Ugtxleg'Gzr gtv, Inc. ("GNKVG") not to discriminate against any employee or applicant for employment because he or she is a disabled veteran, a newly separated veteran, a campaign veteran, or an armed forces service medal veteran. In addition, GNKVG does not discriminate nor take into consideration, for any employment decision or action, a person's race, color, religion, sex (pregnancy or gender), national origin, ancestry, age, sexual orientation, marital status, mental or physical disability, medical condition, family leave status, or any other characteristic protected by California or federal law.

GNKVG also takes affirmative action to employ and to advance in employment all persons regardless of their race, color, religion, sex (pregnancy or gender), national origin, ancestry, age, sexual orientation, marital status, mental or physical disability, medical condition, family leave status, veteran status (including disabled veterans and newly separated veterans), or any other characteristic protected by California or federal law. GNKVG will base all employment decisions only on valid job requirements. This policy shall apply to all employment actions including but not limited to recruitment, hiring, promotions, transfers, demotions, layoffs, recalls, terminations, rates of pay or other forms of compensation, and selection for training at all levels of employment. Indeed, it is the intent of GNKVG to comply fully with the obligations and prohibitions listed in 41 C.F.R. § 60-250.5(a), which is fully incorporated herein by this reference.

The Company is an equal opportunity employer and selects employees on the basis of qualifications. Please contact the President of the Company if you have any questions or complaints regarding this policy.

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate dismissal or removal of my application from consideration. I authorize Grkg'Ugtxleg'Gzr gtv. "Kpe0 to secure information about my experience with former employers, education kpukwkqpu and agencies, and for those parties to provide information concerning my experience'tgrgculpi all parties from any liability arising therefrom.

Initial

If Grkg'Ugtxleg'Gzr gtv, Inc., employs me I agree to conform to the rules and tgi wrcvqpu of the Company. I also understand and agree that, except for the arbitration of\gtto kpcvkap disputes and employment at-will status, my wages, hours and working conditions are uwdlgev to change by the Company. I understand my employment can be terminated, with or y kj qw cause and with or without notice, at any time at the option of Grkg'Ugtxleg'Gzr gtv. "Kpe0qt myself. I understand that, other than the President of Grkg'Ugtxleg'Gzr gtv. "Kpe0pq"o cpci gt. supervisor or representative of Grkg'Ugtxleg'Gzr gtv, "Kpe0j cu'cwj qtkv{ "v"gpvt "kv"cp{ " agreement for employment for any special period of time, or vq"b cng"cp{ "ci tgggo gpv'eqptct{ "vq the foregoing.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to the employment at-will relationship and agree to be bound by the terms and conditions of employment stated in this application, including arbitration of disputes as set forth above, if I am employed by GIKG"Ugtxleg"Gzr gtw."Kpe0"Vj ku'cr r nlecwkp contains all the understandings and agreements between me and GIKG"Ugtxleg"Gzr gtw."Kpe0eqpegtplpi "yj g" nature of my employment, if any, by the Eqo r cp{ "cpf "uwr gtugf gu'cm'r tkqt"cpf lqt"eqpvgo r qtcpgqwu" practices, oral or written agreements, wpf gtuwcpf lpi u."ucvgo gpw."tgr tgugpvcwkpucpf "r tqo kugu."gzi tguu'qt implied, between me and GIKG"Ugtxleg"Gzr gtw."Kpe0"Kwpf gtuwcpf "cpf "ci tgg'yj cv'pq"r gtuqp'y j q"ku'gkj gt an agent or employee of the Company may modify, delete, vary, or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Signature _____

Date _____

Pre-Employment Drug & Alcohol Testing

Alcohol and drug abuse pose a threat to the health and safety of ELITE employees, our clients, the public and to the security of our equipment and facilities. For these reasons, ELITE is committed to the elimination of drug and/or alcohol use and abuse in the workplace. The company recognizes that drug/alcohol testing is a necessary part of a comprehensive program to maintain a workplace which is free from drug and alcohol substance abuse.

Alcohol & Drug Testing Notice (Please read before signing.)

If an offer of employment is made to you, ELITE may specify that it is contingent upon the satisfactory results of drug and alcohol testing.

As part of my employment application with ELITE, I understand that refusal to submit to such testing may result in a withdrawal of an offer of employment and may disqualify me from further consideration for employment. I understand that testing results will be communicated as confidentially as possible.

I hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant _____ Date: _____

Name of Applicant (Please Print) _____

Please Note: Elite Service Experts, Inc. considers applications for only a 30- day period. If you wish to be considered after 30 days from the date of your application, please reapply.

How did you hear about us?

- Walk-In
- Employee Referral
- Craigslist
- Cal Jobs
- US Jobs
- ELITE website

- LinkedIn
- Sac Jobs

Other: _____

For HR Use Only

Employee Referred By: _____ Enroll in Referral Program _____

Recruited From: Temp Service Rollover: Yes No

Date Office Received Application: _____



SECTION 00680 – NEW HIRE QUESTIONNAIRE (2019)

Contractor/firm: _____ **Project Name/Number:** Under \$10,00 Qualified Vendors List
IFB #1973-DD

Note to employer: Use this form as part of your new hire process. You may send this form to Compliance Services by mail or fax. It is due one week after hire.

Questionnaire

Your employer is required to furnish the following information in complying with the terms of the contract for this project. All information you provide will be **confidential** and will be used to prepare statistical reports to determine the economic impact this job has on the community. Your responses will not affect your employment situation. Please complete all requested information and return this form to your employer.

1. New Hire

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Job Title: _____ Phone: _____

Gender: _____ Male _____ Female

Ethnic Code: _____

1–White/Caucasian; 2–Black/ African American; 3–Native American; 4–Hispanic; 5–Asian/Pacific Islander; 0–Other

2. Income

Please provide your household income **before taking this job**. Please review the chart below, match your household size (include yourself) with the **maximum** household income; then, place a check mark in the space below next to the category type (“*Within Limits of Chart*” or “*In Excess of Limits of Chart*”) that applies to your household.

INCOME LIMITS – 2019								
Number in Household	1	2	3	4	5	6	7	8
Maximum Household Income	\$46,850	\$53,550	\$60,250	\$66,900	\$72,300	\$77,650	\$83,000	\$88,350

For example, if your household size is 3 and the total annual household income was \$55,000.00, you would fall within the income limits of the chart. From the chart above, the income was below the maximum for a family of 3 (\$60,250.00). You would check “Within Limits of Chart.”

Mark one category: Within Limits of Chart _____ In Excess of Limits of Chart _____

3. Job Source: how did you find about this job?

Referred by: _____ Recruited by: _____

Other: _____

4. Statement

I declare that the above is true and correct to the best of my knowledge.

Your signature: _____ Date: _____

Feel free to contact us should you have any questions. Thank you.

Sacramento Housing and Redevelopment Agency – Procurement Services
801 12th Street, 2nd Floor
Sacramento CA 95814
(916) 440-1378: Fax - (916) 442-6736

END OF SECTION