



Employment Application

An Equal Opportunity Employer

2360 Boswell Rd.
Chula Vista, CA. 91914
(800) 776-0767
(619) 216-1444
FX: (619) 216-1474
www.explorerprocomp.com

Date: _____

Please Print

Name _____

Last

First

Middle

Present Address _____

No.

Street

City

State

Zip

Permanent Address

If different from present address _____

No.

Street

City

State

Zip

Home Telephone (_____)

Business Telephone (_____)

Social Security No. _____ - _____ - _____

Employment Position Desired

Position applying for: _____

Are you applying for: Full-time Part-time Temporary

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available? From ____ To ____

Are you available for work on weekends? Yes ____ No ____

If hired, on what date can you start work? _____ Salary desired: _____

Personal Information

Have you ever applied to or worked for Pro Comp Suspension? Yes ____ No ____ If yes, when? _____

Do you have any friends or relatives working for Pro Comp Suspension? Yes ____ No ____

If yes, state name(s) and relationship _____

Why are you applying for work at Pro Comp Suspension? _____

If hired, would you have a reliable means of transportation to and from work? Yes ____ No ____

Are you at least 18 years old? Yes ____ No ____ (if under 18, hire is subject to certification that you are of minimum legal age.)

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

Are you able to perform the essential functions of the job for which you are applying? Yes ____ No ____

(If no, describe the functions that cannot be performed)

(Note: We comply with the ADA and consider reasonable accommodation measures that may necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and or skill and eligibility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more then two years old need not be listed.) Yes ____ No ____ if yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the data of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes ____ No ____ If so, may we contact your current employer? Yes ____ No ____

Education, Training and Experience

School	Name and Address	No. Of Years Completed	Did you Graduate?	Degree or Diploma
High School _____	_____	_____	Yes ___ No ___	_____
College/University _____	_____	_____	Yes ___ No ___	_____
Vocational/Business _____	_____	_____	Yes ___ No ___	_____

Many of our customers do not speak English. Do you write or understand any foreign languages?

Yes ___ No ___ If yes, which language(s) _____

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at Pro Comp Suspension? If so, please explain _____

Are you licensed/certified for the job applied for? Yes ___ No ___ If so Issuing State _____

Name of license/certification _____ License/Certification number _____

Has your license/certification ever been revoked or suspended Yes ___ No ___ If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment.

You must complete this section even if attaching resume.

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. () Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From To Weekly Pay: Starting Ending _____

Nick Name (known by) _____

Reason for Leaving: _____

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. () Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From To Weekly Pay: Starting Ending _____

Nick Name (known by) _____

Reason for Leaving: _____

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. () Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From To Weekly Pay: Starting Ending _____

Nick Name (known by) _____

Reason for Leaving: _____

Employment History (continued)

Name of Employer _____
 Address _____
 No. Street City State Zip
 Type of Business _____
 Telephone No. (_____) _____ Your Supervisor's Name _____
 Your Position and Duties _____
 Date of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____
 Nick Name (known by) _____
 Reason for Leaving: _____

Name of Employer _____
 Address _____
 No. Street City State Zip
 Type of Business _____
 Telephone No. (_____) _____ Your Supervisor's Name _____
 Your Position and Duties _____
 Date of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____
 Nick Name (known by) _____
 Reason for Leaving: _____

Note: Attach any additional page(s) as necessary

Military Service

Have you ever served in the U.S. Armed Forces? Yes ____ No ____

Have you obtained any special skills or abilities as the result of service in the military? Yes ____ No ____ If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____
 Address _____
 No. Street City State Zip
 How do you know them? _____
 Telephone No. (_____) _____ Nick Name (known by) _____

Name _____
 Address _____
 No. Street City State Zip
 How do you know them? _____
 Telephone No. (_____) _____ Nick Name (known by) _____

Name _____
 Address _____
 No. Street City State Zip
 How do you know them? _____
 Telephone No. (_____) _____ Nick Name (known by) _____

Please Read Carefully, Initial Each Paragraph and Sign Below

— I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are the truth and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

— I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

— I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

— I understand that nothing contained in the application, conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in written and signed by me and the company's designated representative.

— I hereby agree to submit to a pre-hire physical and or drug test, paid for by the company, which would be used as a consideration for employment.

Date _____ Applicant's Signature _____