

JOB APPLICATION



5353 E Beverly Blvd., Los Angeles, CA 90022

Date: _____

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Applicant's Name _____

Position applied for _____

Home telephone number _____ Cellular number _____

Email _____

Address _____

Street City State Zip

How long have you lived there? _____/_____ Desired Salary/Hourly Rate _____

Years/Months

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Are you willing to travel more than 100 miles away? Yes No

Are you able to lift 50/75/100 lbs., and carry it to 50/75/100 yards? Yes No

Have you previously applied for employment with Continental Funeral Home? Yes No

If yes, when and where did you apply? _____

Have you ever been employed by Continental Funeral Home? Yes No

If yes, provide dates of employment, location and reason for separation from employment _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Education	School name and location (address, city, State)	Course of study or major	Graduate? Y or N	# of years completed	Honors received
High School					
College					
Graduate/ Professional					
Trade of correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. **Do not answer "see résumé."**

Employer

Name	Address	Type of business
Phone number	Dates employed from	To
Job title	Duties	
Supervisor's name	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, why not?	
Wages start	Final	Reason for leaving?
What will this employer say was the reason your employment terminated?		
Were you ever disciplined? If so, for what?		
How much notice did you give when resigning? If none, explain		

Employer

Name	Address	Type of business
Phone number	Dates employed from	To
Job title	Duties	
Supervisor's name	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, why not?	
Wages start	Final	Reason for leaving?
What will this employer say was the reason your employment terminated?		
Were you ever disciplined? If so, for what?		
How much notice did you give when resigning? If none, explain		

Have you ever been terminated or asked to resign from any job? Yes No If Yes how many times? _____
 Has your employment ever been terminated by mutual agreement? Yes No If Yes how many times? _____
 Have you ever been given the choice to resign rather than be terminated? Yes No If Yes how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES [Optional]

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work relationship (i.e. supervisor, co-worker)	Telephone

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

Name	Occupation	Address	Telephone	Number of years known

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current California valid driver's license? Yes No

If yes, License No.: _____

Expiration Date: _____

If you do not have a California driver's license, why not? _____

Has your license ever been suspended or revoked? Yes No

If yes, explain: _____

Do you have personal automobile insurance? Yes No

If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No

If yes, explain: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Comments

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the State of California and automobile liability insurance in an amount equal to the minimum required by the State of California.

I understand that Continental Funeral Home may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Continental Funeral Home has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by Continental Funeral Home, I understand and agree that Continental Funeral Home, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and its clients/customers and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED

PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Continental Funeral Home or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

NOTICE AND ACKNOWLEDGEMENT CONCERNING DRUG-TESTING POLICY

This is to inform you that the Company will conduct testing where permitted to identify job applicants who may be using illegal drugs and current employees who may be under the influence of illegal drugs and/or alcohol in the workplace. You have the right to refuse to undergo testing. However, an applicant's refusal to undergo testing will result in the termination of the pre-employment selection process, and an associate's refusal to undergo testing will result in disciplinary action up to and including discharge. An applicant who fails a test will not be hired and an associate who fails a test will be subject to disciplinary action up to and including discharge.

Acknowledgement: I have read and understand the above written notice.

Applicant's name _____

Applicant's signature _____ **Date** _____

Emergency Contact Information.

Filling this out, you authorized us to contact this person in case of emergency

Name	Relationship
Address	
Phone number 1	Phone number 2

BY CHECKING THIS BOX, I WAIVE MY RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED BY THE COMPANY FOR EMPLOYMENT PURPOSES THROUGH AN INTERNAL INVESTIGATION.