



Employment Application

961 N Rice Ave. Suite 8 – Oxnard, CA 93030

www.spectacularservices.com

PERSONAL INFORMATION

Name: _____
First MI Last

Preferred Name/Nickname: _____ Email: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Are you authorized to work within the United States? ☐ Yes ☐ No

Federal law requires employers to hire only individuals who are authorized to work lawfully in the United States. To comply with these requirements, Spectacular Services will verify the work authorization status of every individual offered employment. Accordingly, all offers of employment are contingent upon verification of the applicant's identity and employment eligibility. You will be required to provide the documentation necessary, as required by law, to verify your identity and employment authorization.

Are you under 18 years of age? ☐ No ☐ Yes – Can you furnish a work permit? ☐ Yes ☐ No

Spectacular Services is an equal opportunity employer and does not discriminate against any applicant or employee on the basis of race, color, religion, sex, national origin, disability, age, or military or veteran status, in accordance with federal law. The company also complies with all applicable state and local laws governing nondiscrimination in employment in every jurisdiction where it operates. In addition, Spectacular Services provides reasonable accommodations to qualified individuals with disabilities as required by law.

APPLYING FOR

Desired Position: ☐ Administrative ☐ ILS Staff ☐ SLS Staff ☐ Social Rec Staff	Are you interested in: ☐ Full Time ☐ Part Time ☐ Temporary	What is your availability? ☐ Weekdays ☐ Mornings ☐ Weekends ☐ Afternoons ☐ Holidays ☐ Evenings ☐ Overnights (Check all Applicable)
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In what areas do you prefer to work?

- | | | |
|---------------------------------------|---------------------------------------|--|
| ☐ Camarillo | ☐ Ojai | ☐ Thousand Oaks |
| ☐ Filmore | ☐ Oxnard | ☐ Ventura |
| ☐ Moorpark | ☐ Port Hueneme | ☐ West Lake Village |
| ☐ Newbury Park | ☐ Saticoy | |
| ☐ Oakview | ☐ Santa Paula | |

When are you able to start work? _____ Desired Pay: \$ _____
Date (Hourly)

Are you capable of performing the essential functions of the job for which you are applying with or without reasonable accommodations? ☐ Yes ☐ No

How did you hear about us? ☐ Advertisement ☐ Referral: _____
☐ Walk-In ☐ Other: _____

Have you worked for Spectacular Services before? ☐ No ☐ Yes: _____
When?

Do you know anyone that works for Spectacular Services? ☐ No ☐ Yes: _____
Name

WORK EXPERIENCE

Most Recent Job First

	Company Name	Title
Start Date (M/Yr)	Street Address	Supervisor's Name & Title
	City, State, Zip	Supervisor's Phone Number
	Type of Business	Phone Number
Briefly Describe your Major Duties:		
End Date (M/Yr)	Termination ☐ Voluntary ☐ Involuntary	Reason

	Company Name	Title
Start Date (M/Yr)	Street Address	Supervisor's Name & Title
	City, State, Zip	Supervisor's Phone Number
	Type of Business	Phone Number
Briefly Describe your Major Duties:		
End Date (M/Yr)	Termination ☐ Voluntary ☐ Involuntary	Reason

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	City, State, Zip	Supervisor's Phone Number
	Type of Business	Phone Number
Briefly Describe your Major Duties:		
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	Company Name	Title
Start Date (M/Yr)	Street Address	Supervisor's Name & Title
	City, State, Zip	Supervisor's Phone Number
	Type of Business	Phone Number
Briefly Describe your Major Duties:		
End Date (M/Yr)	Termination ☐ Voluntary ☐ Involuntary	Reason

EDUCATION

Name and Address of School	Major Subject	Did you Graduate?	Type of Degree or Diploma
High School or Prep		☐ Yes ☐ No	
College		☐ Yes ☐ No	
College or Graduate		☐ Yes ☐ No	
Other		☐ Yes ☐ No	

CERTIFICATES

The following certifications/training are required for this position. **You do not need to have these certifications at the time of application or interview. However, all required certifications must be completed and current before you begin employment.**

Certification/Training	Completed	Will Obtain Before Employment	Will Obtain within 60 days of Employment
First Aid			
CPR (Cardiopulmonary Resuscitation)			
Mandated Reporter			
NCPI (Nonviolent Crisis Prevention Intervention)			

Important: Candidates may apply and participate in the interview process without having completed these certifications. Selected candidates will be required to provide proof of completion before beginning employment.

Pre-Employment Requirements

Candidates selected for employment must successfully complete all applicable pre-employment requirements. Unless otherwise permitted by applicable law, these requirements must be completed before the employee begins work.

- Employment eligibility verification (I-9),
- Live Scan fingerprinting and background clearance
- Tuberculosis (TB) screening/clearance
- Employment Physical

☐ I understand that, if selected for employment, I will be required to successfully complete the applicable pre-employment screening requirements listed above. Instructions regarding the required screening and documentation will be provided separately.

REFERENCES

Please List Three Professional References

Name	Company	Relationship/Title	Phone Number

READ and SIGN

I have submitted the attached application to Spectacular Services (the “Company”) for the purpose of seeking employment. I understand and acknowledge that the submission of this application does not constitute a representation or guarantee that any positions are currently available, nor does it obligate Spectacular Services to process or consider my application further.

I hereby certify that all information provided by me, whether contained in this application, my resume, communicated verbally, or submitted in any other materials, is true, accurate, and complete to the best

of my knowledge and belief. I authorize Spectacular Services to verify any and all such information. I understand and agree that any misrepresentation, falsification, or omission of material facts in my application, resume, other materials, or during any stage of the hiring process may result in the rejection of my application or, if employed, immediate termination of employment.

I represent and warrant that I have not entered into any agreement, nor am I subject to any obligation or restriction, that would in any way preclude or limit my ability to accept employment with Spectacular Services in the position for which I am applying.

I understand and agree that this application does not create, and is not intended to create, a contract of employment for any specified duration. In the event of my employment, such employment shall be “at-will,” meaning that either Spectacular Services or I may terminate the employment relationship at any time, with or without cause and with or without notice. I further understand and agree that no statement, policy, handbook, manual, or other document issued by Spectacular Services shall constitute, or be construed as creating, any contractual obligation or guarantee of continued employment. Spectacular Services reserves the right, in its sole and absolute discretion, to modify, amend, suspend, or terminate any policies, practices, procedures, or benefits at any time, with or without notice.

References:

I hereby authorize Spectacular Services and its representatives to conduct investigations and inquiries into my employment history, educational background, and any other information deemed relevant to my application for employment. I further authorize all former employers, educational institutions, and other individuals or entities referenced in my application to provide information concerning my background, and I hereby release all such parties from any and all liability arising from the provision of such information. I also authorize Spectacular Services and its agents to disclose reference information to third parties for the purpose of evaluating my qualifications and credentials.

For California Applicants Only:

I acknowledge that I am providing my contact information to Spectacular Services for limited and specific purposes and consider such information to be private. I understand that class action lawsuits may be filed against companies and that the mere filing of such actions does not establish their merit. I further understand that attorneys or other parties may seek access to my contact information in connection with such litigation. I expressly do not consent to the disclosure of my contact information to any individual or attorney in connection with a class action lawsuit absent my prior written authorization, unless such disclosure is required by applicable law or Spectacular Services determines, in its sole discretion, that I may be a witness in such matter.

Signature: _____ Date: _____



Background Check

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AUTHORIZATION FOR CONSUMER REPORTS

I instruct and authorize Spectacular Services LLC, including its designated representatives, affiliated and/or related entities, and agents (collectively, the “Company”) to obtain a consumer report(s) on me, including any investigative consumer reports and any consumer credit reports. * I also agree that a copy of this form is valid like the signed original.

I acknowledge that (a) I have received the Consumers Report Disclosure and any additional disclosures and notices required by law; (b) each document is clear, conspicuous, and separate from any other document(s); (c) I have read and understood them; (d) the Company may rely on them to obtain one or more consumer reports and/or investigate consumer reports on me.

The consumer reporting agency (“CRA”) ADP Screening and Selection Services, Inc. (“ADP SASS”) will prepare the consumer report from the Company. ADP SASS is located at 2650 East Harmony Road, Suite 130, Fort Collins, CO 80528, and can be reached by phone at 800-367-5933, or at www.adpselect.com.

I understand that, where allowed by applicable law, the Company may rely on this authorization to order additional consumer reports, including investigating consumer reports and any consumer credit reports* during my employment, without asking me for my authorization again. When allowed by law, I authorize the Company to procure any such subsequent reports. I understand the Company may order consumer report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state, and local agencies; federal, state, and local courts; the military; credit bureaus; testing facilities; motor vehicles records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history*; public records; a Social Security number verification; driving records; military service; credentials/certificates; worker’s compensation injuries; and verification of prior employment and education.

*I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.

By signing below, I understand that I am agreeing to the terms contained in this document.

If you live, work, or are applying to work for the Company in California, Minnesota, Oklahoma: Check this box if you would like a free copy of your consumer report, credit report, or investigative consumer report. ☐

CONSUMER REPORT INFORMATION

The Information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a consumer report on you.

Legal Name: _____
First Middle Last Suffix

Email Address: _____

For Identification Purposes Only:

Date of Birth: _____			
Social Security Number: _____			
Driver's License Number: _____		State Issuing License: _____	
Enter Any Other Names Used (including maiden names):			
Nickname(s) Used: _____			
First Name: _____	Middle Name: _____	Last Name: _____	
First Name: _____	Middle Name: _____	Last Name: _____	

All addresses within the last seven years:

Current Address: Street Address: _____ City, State, Zip: _____ From: _____ To: _____ Month/Year Month/Year	Previous Address: Street Address: _____ City, State, Zip: _____ From: _____ To: _____ Month/Year Month/Year
Previous Address: Street Address: _____ City, State, Zip: _____ From: _____ To: _____ Month/Year Month/Year	Previous Address: Street Address: _____ City, State, Zip: _____ From: _____ To: _____ Month/Year Month/Year

SIGNATURE

Name: _____ Date: _____
Print Name

Signature: _____