



# Jacobson Companies

## **Application for Employment Packet Non Commercial Driver Position**

Please fill out all forms completely as shown. Resumes may be attached to the application, but you must still complete the application in full to be considered for the open position.

### **All applicants are required to complete pages 1 to 3:**

1. Job Application (page 1)
2. Consumer Reports/Investigative Consumer Report (page 2)
3. Drug and Alcohol Consent and Release form (page 3)

As part of our Affirmative Action Plan, we ask that you also complete page 6, the Voluntary Affirmative Action Data form.

Jacobson Companies and affiliates

1334 S. 5th Avenue  
Yuma, AZ 85364

Phone: 928-782-1801  
Fax : 928-782-9892

# Job Application

**Personal Information**

Last		First	MI	SSN#	Email	
Street Address		City	St	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:		
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch
What position are you applying for?				How did you hear about this position?		
Expected Hourly Rate		Expected Weekly Earnings		Date Available		

**Prior Work Experience**

	Current or Most Recent	Prior	Prior
Employer			
Address			
Phone			
Name of Immediate Supervisor			
Position/Job Title			
Dates of Employment	From To	From To	From To
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Education**

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

**Personal References**

	Reference 1	Reference 2	Reference 3
Name			
Address			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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**DRUG/ALCOHOL TESTING  
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by JACOBSON COMPANIES AND AFFILIATED COMPANIES \_\_\_\_\_ in order to meet with their policy regarding the selection of applicants for employment or independent contactors.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company or to as an independent contractor for the Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment or independent contractor status.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT or INDEPENDENT CONTRACTOR

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS:

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

Signature: \_\_\_\_\_

**RELEASE OF INFORMATION AUTHORIZATION**  
**Pre-employment background screening**  
**Jacobson Companies**

The following information is helpful to your potential employer when processing your pre-employment background check. Providing the following information will expedite your approval for employment. You are not required to release this information.

If you are currently employed may we contact your employer?

Yes \_\_\_\_\_ No \_\_\_\_\_ Post Hire Only \_\_\_\_\_

I understand that an Investigative Consumer Report ("Consumer Report") may be prepared summarizing the information contained in my background check.

I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment has been made.

Are you applying for employment in the State of California? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are applying for employment in the State of California please note that a new Disclosure and Release of Information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota or Oklahoma? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, would you like a copy of any Consumer Report prepared for you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are applying for employment outside of California, Minnesota, or Oklahoma would you like a copy of the Consumer Report / Investigative Consumer report mailed to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

First Name \_\_\_\_\_  
Please print

Last Name \_\_\_\_\_  
Please print

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Risk Assessment Group**  
Background Screening & Hiring Solutions

www.riskassessmentgroup.com  
1-866-777-1114





# Voluntary Affirmative Action Data

Form A: For government contractors with contracts of \$25,000 or more entered into before December 1, 2003

**PLEASE NOTE: Completion of this form is voluntary.**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/ National Guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

**To be completed by applicant on a voluntary basis. Not for interview purposes. File separately from application.**

## Applicant Information

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Male  Female Position applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral source:

- Government employment agency  Private employment agency  Current employee  
 Walk-in  School  Relative  
 Other \_\_\_\_\_  Advertisement was seen in \_\_\_\_\_

Person who referred you, if applicable \_\_\_\_\_

### Please select one of the following Equal Employment Opportunity Identification Groups:

- Hispanic or Latino  White (not Hispanic or Latino)  Asian (not Hispanic or Latino)  
 Native Hawaiian/Other Pacific Islander (not Hispanic or Latino)  Black/African American (not Hispanic or Latino)  
 American Indian/Alaskan Native (not Hispanic or Latino)  Two or more races (not Hispanic or Latino)

### Veteran Status Information (for government contractors with contracts of \$25,000 or more entered into before December 1, 2003)

Our company is a government contractor subject to the amended Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), which requires government contractors to take affirmative action to employ and advance special disabled veterans, Veterans of the Vietnam era, recently separated veterans and other protected veterans. If you belong to any of these groups, we would like to include you under our affirmative action program. If you want to be included, please tell us. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.**

The information provided will be used only in ways that are consistent with the amended VEVRAA. This information will be kept confidential, except that: (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs (OFCCP), or the Americans with Disabilities Act, may be informed.

### Please check all boxes that apply to you:

- I am a veteran of the Vietnam era.** A person who: (a) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).
- I am a recently separated veteran.** Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- I am an other protected veteran.** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans.** (Note that you may make this request at this time and/or any time in the future.)
- None of the above apply to me.**

**Special Disabled Veterans (APPLICANT: Only complete this section if the company has checked "Yes" below.) EMPLOYER: Indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting special disabled veterans.**

**Yes.** We invite applicants to provide information (on a voluntary basis) regarding their status as a "special disabled veteran" for inclusion in our affirmative action program. Check this box ONLY if your company is actually undertaking affirmative action for special disabled veterans at the *application* stage (pre-offer) or is otherwise authorized to collect such data to comply with federal, state or local affirmative action obligations pertaining to special disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

**APPLICANT:**

If our company has checked "Yes" above, you are invited to provide additional information regarding your status as a "special disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "special disabled veteran" as:

- a) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs 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 by the Department of Veterans Affairs to have a serious employment handicap, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a special disabled veteran, please indicate whether you would like to be included under our company's affirmative action program for special disabled veterans. You may elect to be included now or at any time in the future.

**Yes.** I would like to be included under the company's affirmative action program for special disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)

**No.** At this time, I would not like to be included in the company's affirmative action program for special disabled veterans.

If you are a special disabled veteran, please tell us about any special methods, skills and procedures that qualify you for positions you otherwise might not be able to do because of your disability so you will be considered for any such positions.

\_\_\_\_\_  
\_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_

**For Administrative Use**

Position(s) applied for \_\_\_\_\_  Current opening  No current opening

Other position(s) considered for \_\_\_\_\_

Hired?  No  Yes Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_ Position hired for \_\_\_\_\_

**Position classification**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Executive/senior-level officials and managers | <input type="checkbox"/> Administrative support workers | <input type="checkbox"/> Sales workers        |
| <input type="checkbox"/> First/mid-level officials and managers        | <input type="checkbox"/> Professionals                  | <input type="checkbox"/> Service workers      |
|  | <input type="checkbox"/> Operatives                     | <input type="checkbox"/> Technicians          |
|  | <input type="checkbox"/> Craft workers                  | <input type="checkbox"/> Laborers and helpers |

Additional notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

