



APPLICATION FOR EMPLOYMENT
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Thank you for your interest in employment opportunities with our company. Please complete all sections of this application to assist us in fully evaluating your qualifications. *Applications that are not complete or that contain information not requested will not be considered.*

PLEASE PRINT LEGIBLY USING BLACK OR BLUE INK

Last Name	First Name	Middle Initial	Today's date:		
Current Address <i>(Street, Apartment Number / City, State, Zip Code)</i>			Home Telephone Number ()		
Previous Address <i>(If at current address less than five years)</i>			<input type="checkbox"/> Daytime, <input type="checkbox"/> Cellphone, <input type="checkbox"/> Message, or <input type="checkbox"/> Pager Number ()		
Do you have a current and valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Issuing State	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address	
Driver's License number					
If offered employment, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Please list any other name(s) under which you have worked:		
Have you ever been employed by our company, or any of its subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please give location, dates of employment, and position(s) held:		
How did you become aware of the opening you are applying for?			Names of relatives or friends employed here (if any):		

POSITION OBJECTIVE

What position or type of work are you applying for?			Willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer		Date available for employment:	Minimum pay requirements: \$		
Please list relevant equipment that you know how to use: _____ _____			Will you work: Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Second Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No Third Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No		

U.S. MILITARY SERVICE

Branch of service:	Starting rank:	Rank at separation:	Length of service: _____ years _____ months
Duties while in service: _____		Military service schools <i>(please list schools attended, subjects studied, and length of time in each school):</i> _____	

Are you available for work on weekends?..	<input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak, write or understand any foreign languages?.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which languages?	

What days and hours are you available to work?	
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Are you able to perform the essential functions of the job which you are applying, either with or without reasonable accommodation?

Yes No

If no, describe the functions that cannot be performed.

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

Answer the following questions if you are applying for a professional position:

Are you licensed certified for the job you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of license or certification	
Issuing state:	License certification number	Has your license ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement

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

REFERENCES

Please provide the names, addresses, and telephone numbers of at least two references who are not family members or past supervisors. (If you have more than two references, you may attach an additional page.)

Name _____ Street Address _____ City, State, Zip _____ (_____) _____ Telephone Number _____	Name _____ Street Address _____ City, State, Zip _____ (_____) _____ Telephone Number _____
Occupation _____ No. of years Acquainted _____	Occupation _____ No. of years Acquainted _____

EMPLOYMENT HISTORY

This portion of your application must be completed *in full*, even if supplemented by a resume. Starting with your most recent position, please list all employment and activities, including self-employment and military service, for the past seven years (attach an additional sheet if more space is needed). *Periods of unemployment exceeding one month should be listed in the space provided on page four.*

APPLICANTS MAY BE ASKED TO FURNISH PROOF OF WAGES

Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current or most recent employer _____ Street Address _____ City, State, Zip _____ Dates Employed: ____ / ____ to ____ / ____		Type of Business _____ (_____) _____ Telephone Number _____ Supervisor's Name and Title _____ Your Job Title _____	
Your job duties at this employer: _____ _____		Reason for leaving: _____ _____	
Employer _____ Street Address _____ City, State, Zip _____ Dates Employed: ____ / ____ to ____ / ____		Type of Business _____ (_____) _____ Telephone Number _____ Supervisor's Name and Title _____ Your Job Title _____	
Your job duties at this employer: _____ _____		Reason for leaving: _____ _____	
Employer _____ Street Address _____ City, State, Zip _____ Dates Employed: ____ / ____ to ____ / ____		Type of Business _____ (_____) _____ Telephone Number _____ Supervisor's Name and Title _____ Your Job Title _____	
Your job duties at this employer: _____ _____		Reason for leaving: _____ _____	

Employer _____ Street Address _____ City, State, Zip _____ Dates Employed: ____ / ____ to ____ / ____	Type of Business _____ Supervisor's Name and Title _____ Your Job Title _____	(_____) _____ Telephone Number _____
Your job duties at this employer: _____ _____		Reason for leaving: _____ _____

Please identify and explain all periods of unemployment in excess of one month during the past seven years:

From	To	Reason for unemployment:

GENERAL EDUCATION Circle highest grade level completed **1 2 3 4 5 6 7 8 9 10 11 12 GED**

High School or Vocational School	Location	Course of Study

ADVANCED EDUCATION AND TRAINING
(College, university, trade school, etc.)

Degrees will be verified. Transcripts of school or college coursework may be requested.

Name of Institution		Location or address			
Dates attended:	Did you graduate?	Credits Completed	Major	Minor (if any)	
From ____ / ____	<input type="checkbox"/> Yes				
To ____ / ____	<input type="checkbox"/> No				
Overall GPA	GPA in Major	Degree granted:			

Name of Institution		Location or address			
Dates attended:	Did you graduate?	Credits Completed	Major	Minor (if any)	
From ____ / ____	<input type="checkbox"/> Yes				
To ____ / ____	<input type="checkbox"/> No				
Overall GPA	GPA in Major	Degree granted:			

Please list any honors, scholarships, fellowships, publications, or thesis topics, as well as special courses or seminars taken. _____

ADDITIONAL INFORMATION

Please provide any other information that you feel would be helpful to us in evaluating your qualifications, such as special skills, training or qualifications acquired from other experiences or employment, professional or civic organizations you belong to, etc. *Do not list information revealing race, religious creed, national origin, gender, age, ancestry, disability, or other protected status.*

Authorization and acknowledgement

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 true 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 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 understand all employment with the company is at-will meaning the terms and conditions of employment may change with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, compensation, job duties, benefits, and location of work and that there is no express or implied promise of long term employment.

Initials _____

Applicant's Printed Name

Date

Applicant's Signature

Our company is an equal opportunity employer. It is the policy of this company to consider all applications on the basis of merit without regard to race, color, religion, sex, gender, gender expression, gender identity, pregnancy, age, national origin, ancestry, marital status, veteran status, physical or mental disability, medical condition, genetic information, sexual orientation, or any other protected characteristic. Furthermore, we comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Please note that you may be subject to passing a medical examination as well as skill and agility tests.

E-Z Mix Inc.

Corp. Office: (818)767-8576

Facsimile: (818)768-0473

DISCLOSURE STATEMENT

I understand that Investigative Background Inquires are to be made on myself including Consumer, Criminal, Driving and other report. These reports will include information as to my character, work habits, performance and experience along with reasons for termination or past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State and other Agencies which maintain records concerning my past activities relating to my Credit, Driving, Criminal, Civil and other experiences as well as Claims involving me in the files of Insurance Companies.

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **E-Z Mix Inc.** ("The Company") may request and rely upon one or more consumer reports or investigative consumer reports about you. FPK Security, Inc. is the provider of providing background information. FPK Security, Inc. is the provider of the background information. FPK Security, Inc. can be contacted by mail at PO Box 55597, Valencia, CA 91355 or by phone: (800) 459-4068.

For explanation purposes:

- A "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment related decision about you. Such information may include, for example, credit information, criminal history reports or driving records; and
- An "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

FPK Investigations



Corp. Office: (800) 459-4068 Facsimile: (800) 294-4074

PRE-EMPLOYMENT BACKGROUND INVESTIGATION & Consent to Procure a Consumer Report

AUTHORIZATION

I have read and understand the foregoing disclosure, and authorize **E-Z Mix Inc.** to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I'm employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

Initial I have received, read and understand the "Notice of Intent to Procure Investigative Consumer Report" (Background Check).

Initial I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act".

I understand that if the above named organization requests a copy of my consumer credit report, I have the right under California, Minnesota and Oklahoma law only to receive a copy of that consumer report directly from FPK Security, free of charge.

Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:

We will be obtaining a consumer report from FPK Security, Inc., PO BOX 55597, Valencia, CA 91355, (800)459-4068. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

FPK Investigations



Corp. Office: (800) 459-4068 Facsimile: (800) 294-4074

PRE-EMPLOYMENT BACKGROUND INVESTIGATION & Consent to Procure a Consumer Report

I hereby give authorization to FPK Investigations, an agent or representative of, **E-Z Mix Inc.** to obtain or provide a consumer report, including an investigative consumer report regarding me. I understand this report may involve verifying or reviewing information on my application and/or resume and any and all verbal claims made by me during the evaluation process for employment, promotion or retention.

*** PLEASE WRITE CLEARLY ***

NOTE: Failing to do could lead to negative results

Print Full LEGAL Name: _____ Gender: __ M __ F

Social Security Number: _____/_____/_____ Date of Birth*: _____/_____/_____
Month Day Year

(*Date of Birth is being requested in order to obtain accurate retrieval of records.)

Driver's License Number: _____ Expires: _____ State: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Current Phone Number: _____

Current Email Address: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Applicant's Signature: _____ Date: _____

Requested by: _____

Email: _____

Fax #: _____

F P K Investigations



Corp. Office: (800) 459-4068 Facsimile: (661) 702-8732 F P K Investigations

A Summary of Your Rights under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed for bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681 – 1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA give you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an applicant for credit, insurance, or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of the information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source must also advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement of your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove the accurate data from you file unless it is outdated (as describe below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate item with the source of the information. If you tell anyone – such as a creditor who report to a CRA – that you dispute an item they may not them report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two (2) years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's , creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 (202) 326-3791
National banks, federal branches / agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 (800) 613-6743
Federal reserve system member banks (Except national banks, and federal branches / agencies of foreign Banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 (202) 452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 (800) 842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 (703) 518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 (800) 934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 (202) 366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 (202) 720-7051

Notice of Intent to Procure Consumer Investigative Report (Employment Background Check)

The federal Fair Credit Reporting Act (FCRA) and other State Civil Codes require that notice be provided to you that as part of our procedure in processing and evaluating your application for employment, we will be obtaining and reviewing a "Consumer Investigative Report" for employment purposes concerning you.

A "Consumer Investigative Report" as described in Section 1786.2 of the California Civil Code, means a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through any means. This can include work habits, work performance and experience, and where applicable, reasons for disciplinary action in or termination of current or past employment.

The Consumer Investigative Report will include, except where restricted by law, the following information:

- Social Security Number Verification
- DMV/MVR Reports
- Criminal Court Records
- Civil Court Records
- Credit Reports
- Employment Verification
- Education Verification
- Professional Reference Interviews
- Prof. License Verification
- Other: Workers' Compensation Claims History

This report will be obtained through the following Investigative Consumer Reporting Agency:

FPK Investigations
PO Box 55597
Valencia, CA 91385
Phone: (800) 459-4068
Fax: (661) 702-8732

You have the right to obtain a copy of this consumer investigative report by making a written request with proper identification to the above named Investigative Consumer Reporting Agency (ICRA) within a reasonable period of time after receiving this notice. A copy of your file will be made available for a fee not to exceed the actual cost of duplication services provided. If the ICRA procures a credit report regarding you, you have the right under Minnesota and Oklahoma law to receive a free copy directly from the credit bureau.

California Applicants Only:

An investigative consumer-reporting agency (ICRA) shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice. Files maintained on you shall be made available for your visual inspection in person if you appear in person and furnish proper identification. By certified mail, if you submit a written request with proper identification and by telephone, if you submit a written request, with proper identification. A copy of your file will be made available for a fee not to exceed the actual cost of duplication services provided. Any telephonic requests that require a toll charge must be prepaid or charged directly to you. Proper Identification shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you are unable to reasonably identify yourself with the information described above; the ICRA will require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide you a trained authorized personnel to explain any information provided to you. Should there be coded information contained in your files the ICRA will provide a written explanation, but, only when the file is provided to you during a visual inspection. You are permitted to be accompanied by one other person of your choosing. This person must identify himself and you must provide written permission to the ICRA in order for the ICRA to discuss your consumer report in such person's presence. The ICRA may by law withhold any medical information in your files from your inspection until and unless you provide written authorization from your attending physician to inspect the medical information. The ICRA is not required by law to make available to you the sources of information in your files, although such information would be obtainable through proper discovery procedures in any court action brought under Title 1.6A of the Civil Code pertaining to ICRA's.