



APPLICATION FOR EMPLOYMENT (California Only)

To be completed by the SCI affiliated company prior to distributing to Applicant.

MARKET NAME: _____

LOCATION NAME: _____ LOCATION NUMBER: _____

THIS IS A DRUG FREE WORKPLACE

This organization does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, disability, protected veteran's status, on the basis of age against persons who are forty years of age or over, or on the basis of any other legally impermissible reason.

PLEASE PRINT: All blanks must be completed; "see resume" is not permissible.

IDENTIFICATION	LAST NAME		FIRST NAME		MIDDLE NAME		OTHER NAMES USED (do not include nicknames)		
	PREFERRED NAME		CURRENT STREET ADDRESS		CITY		STATE	ZIP CODE	
	HOME TELEPHONE NUMBER ()		MOBILE PHONE NUMBER ()		EMAIL ADDRESS		SOCIAL SECURITY NUMBER		
	Have you resided at your current address for the past seven (7) years? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, list your addresses for the past seven (7) years.								
	PREVIOUS HOME ADDRESS (No., Street, Apt. No.)		CITY	STATE	ZIP CODE	COUNTY	FROM (MM-YY) / TO (MM-YY)		
	PREVIOUS HOME ADDRESS (No., Street, Apt. No.)		CITY	STATE	ZIP CODE	COUNTY	FROM (MM-YY) / TO (MM-YY)		
	How did you hear about our company?								
	Have you ever worked for an affiliate of Service Corporation International (SCI)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list the name of the facility(s) and the dates of prior employment.								
	Do you have any relatives who currently work for an SCI affiliated company? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please identify them below:								
	Name of relative _____		Location _____		Current Role _____				
Name of relative _____		Location _____		Current Role _____					
If hired, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO									

PERSONAL	Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO (Conviction will not necessarily disqualify an applicant from employment.) If YES, please provide date, city & state, date and details of conviction.								
	CALIFORNIA APPLICANTS ONLY: Applicant may omit marijuana-related convictions if such convictions are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.								
	Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO			Have you ever been refused a bond? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	If refused bond, give name of employer.								
	What position are you applying for?						Date available to start:		
	FULL-TIME <input type="checkbox"/> YES <input type="checkbox"/> NO		PART-TIME <input type="checkbox"/> YES <input type="checkbox"/> NO		SHIFTWORK <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Are you under 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO			Can you travel if your job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	Foreign Language Skills: Please specify language and level of proficiency for each (Basic, Moderate, Fluent). SPEAK: _____ READ: _____ WRITE: _____								
	Software Applications: Please list software applications and level of proficiency for each (Beginner, Intermediate, Expert). _____ _____								
	List heavy machinery you are certified to operate: _____								

PLEASE PRINT: All blanks must be completed; "see resume" is not permissible.

EDUCATION	SCHOOL NAME	CITY, STATE, ZIP CODE	MAJOR/MINOR	DATES ATTENDED	DEGREE
	HIGH SCHOOL/GENERAL EDUCATION DEVELOPMENT INSTITUTION			NOT REQUIRED	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> NONE
	UNDERGRADUATE COLLEGE				
	GRADUATE COLLEGE				
	PROFESSIONAL TRADE, BUSINESS, TECHNICAL, OR OTHER				
	Describe any other job-related training received in the United States Military, military services from other countries, or other job-related skills, certificates, licenses and other qualifications acquired from employment or other experience.				
List academic, professional, trade, business or civic activities and offices held. You may exclude memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.					

REFERENCES	PERSONS FAMILIAR WITH YOUR WORK OR ACADEMIC BACKGROUND. PLEASE LIST THREE EXCLUDING FORMER SUPERVISORS.			
	NAME	POSITION AND COMPANY	EMAIL ADDRESS	TELEPHONE NUMBER
				()
				()
			()	

EMPLOYMENT DATA	LAST TWO EMPLOYERS BEGINNING WITH PRESENT OR MOST RECENT		
	NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER <i>(include street address, city & state, and zip code)</i>	TELEPHONE ()	SUPERVISOR NAME AND TITLE
		STARTING PAY RATE	EMPLOYED FROM MO/YR
	YOUR JOB TITLE	FINAL PAY RATE	EMPLOYED TO MO/YR
	WORK PERFORMED	REASON FOR LEAVING	
	If still employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME AND ADDRESS OF EMPLOYER <i>(include street address, city & state, and zip code)</i>	TELEPHONE ()	SUPERVISOR NAME AND TITLE
		STARTING PAY RATE	EMPLOYED FROM MO/YR
	YOUR JOB TITLE	FINAL PAY RATE	EMPLOYED TO MO/YR
	WORK PERFORMED	REASON FOR LEAVING	

PROFESSIONAL LICENSE	PLEASE LIST ALL PROFESSIONAL LICENSES YOU HOLD (i.e. FUNERAL DIRECTOR)				
	TYPE OF LICENSE	STATE	LICENSE NUMBER	NAME ON LICENSE	IS YOUR LICENSE IN GOOD STANDING?

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.

PRINTED NAME OF APPLICANT

APPLICANT'S SIGNATURE

DATE

READ THOROUGHLY BEFORE SIGNING

I certify that all information contained in this Application for Employment is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I must renew my application to be considered for other job openings after 90 days. I understand that completion of this application does not constitute an offer or promise of employment. I authorize the Company to contact my References and understand that, as a condition of employment, the Company will require successful completion of a background check that complies with the Company's pre-employment screening policies. I have or will be provided a Background Investigation Release form which contains a disclosure under the Fair Credit Reporting Act and Associate's authorization and general release under FCRA which I have read/will read before signing.

I understand that the company, at its own expense, arranges for a surety bond for certain categories of associates. I understand that unless my background is acceptable to a surety company, it will be difficult to secure this bond and the Company may be unable to offer me employment in any position for which such a bond is required.

In the event of my appointment to a position, I shall comply with all company policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the Company to withdraw an offer of employment and/or terminate my employment.

If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice.

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY

CANDIDATE BACKGROUND INVESTIGATION REQUESTS

REQUESTOR INFORMATION: To be completed by Hiring Manager or Supervisor

Requested by _____ Candidate's Name _____

Location # Market _____ Position Being Filled _____

Date Requested _____ New Hire Rehire

- Background Request:
- Management Package
 - Sales Counselor
 - Funeral Director/Embalmer
 - Non-exempt/Hourly
 - Driver
 - Special Request _____

Release investigative results to _____ Telephone # () _____

To be completed by Background Investigation Processor

Processed by _____ Date Submitted _____

Processor Phone # () _____ GIS Work Order # _____

Date Results Received _____ Date Communicated to Requestor _____

EMPLOYER INFORMATION

NAME OF FUNERAL ESTABLISHMENT, CEMETERY OR CREMATORY		LICENSE NUMBER (FD, COA, CR)	
Rose Hills Mortuary, Rose Hills Memorial Park, Rose Hills Crematory		FD 970, COA 610, CR 262	
STREET ADDRESS	CITY	STATE	ZIP CODE
3888 Workman Mill Road	Whittier	California	90601

EMPLOYEE / APPLICANT INFORMATION**California Licensing Information**

(Business and Professions Code §§7636, 9615 and Health and Safety Code §8585)

Please complete this form if you are employed by or are seeking employment with this Funeral Establishment, Cemetery or Crematory.

NAME: (please print or type) (LAST) (FIRST)		POSITION APPLIED FOR / CURRENT POSITION	
STREET ADDRESS	CITY	STATE	ZIP CODE

WITHIN THE PAST 10 YEARS, HAVE YOU EVER HELD, OR BEEN NAMED ON, A LICENSE OR REGISTRATION ISSUED BY THE CEMETERY AND FUNERAL BUREAU THAT HAS BEEN REVOKED, SUSPENDED, PLACED ON PROBATION OR SURRENDERED UNDER A STIPULATED DECISION?

YES

NO

If the response is **YES**, the form titled APPLICANT/EMPLOYEE DISCIPLINARY ACTION NOTIFICATION must be completed by employee/applicant and the designated managing funeral director, licensed cemetery manager, licensed crematory manager or licensed cemetery broker and returned to the Cemetery and Funeral

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this document are true and accurate.

Signature of Applicant or Employee

Date



Cemetery and Funeral Bureau
1625 N Market Blvd., Ste S-208
Sacramento, CA 95834
P 916-574-7870 | F 916-928-7988 | web www.cfb.ca.gov



APPLICANT/EMPLOYEE DISCIPLINARY ACTION NOTIFICATION

SECTION A: APPLICANT/EMPLOYEE INFORMATION

This form must be completed by anyone who is employed by or seeks employment with, in any capacity, a licensed funeral establishment, a licensed cemetery, a licensed cemetery broker, and/or a licensed crematory and:

- 1) Who currently holds, or was named on, (owner, partner and/or corporate officer), a license or registration issued by the Cemetery and Funeral Bureau that has been revoked, suspended, placed on probation, or surrendered under a stipulated decision within the last 10 years;

and/or

- 2) Who has held, or was named on, (owner, partner and/or corporate officer), a license or registration issued by the Cemetery and Funeral Bureau that has been revoked, suspended, placed on probation, or surrendered under a stipulated decision within the last 10 years.

(Please print or type) (LAST)	(FIRST)	LICENSE NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE	

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

SIGNATURE OF APPLICANT/EMPLOYEE

DATE

SECTION B: EMPLOYER INFORMATION

Form submitted to the Cemetery and Funeral Bureau by:

(Please print or type) (LAST) (FIRST) (MI)	DATE FORM RECEIVED
TITLE <input type="checkbox"/> Managing Funeral Director <input type="checkbox"/> Licensed Cemetery Manager <input type="checkbox"/> Licensed Crematory Manager <input type="checkbox"/> Licensed Cemetery Broker	LICENSE NUMBER <hr/> LICENSE EXPIRATION DATE

SIGNATURE OF PERSON SUBMITTING FORM

DATE