

APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer

PERSONAL INFORMATION

(Please Type or Print)

Date: _____ SS#: _____ - _____ - _____

Full Name	Last	First	Middle
Current Address	City	State	Zip
Telephone (_____) _____	Message Phone (_____) _____		
Work Phone (_____) _____	May we call you at work? YES NO		
Position applying for:			
Will you accept:		What is your salary requirement?	
<input type="checkbox"/> Full-Time? <input type="checkbox"/> Part-Time? <input type="checkbox"/> Temporary? <input type="checkbox"/> On-Call? <input type="checkbox"/> Night? <input type="checkbox"/> Saturdays? <input type="checkbox"/> Sundays?			
What date will you be available to start employment? _____			
How did you find out about this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> EDD <input type="checkbox"/> Other (please specify) _____			

CHECK YES OR NO TO EACH OF THE FOLLOWING QUESTIONS. EXPLAIN WHEN NECESSARY.

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you over 18 years of age? (If no, a work permit or proof of emancipation will be required.) |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a valid California driver's license? (A current motor vehicle report may be required if driving is necessary for the position for which you are applying.) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Can you provide proof after you are hired that you can legally work in the United States? (If hired, you will be required to submit proof of the legal right to work in the United States.) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) A conviction will not necessarily be a bar to employment – all factors involved will be considered. If yes, when, where and disposition of case: _____
_____ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Can you, with or without accommodation, perform all of the essential functions of the job for which you are applying? |

EDUCATION/TRAINING

1. Name and location of schools (high school, college, trade, business or correspondence)

Name	Location	Graduate?	Subjects Studied	Degree

2. **Special Training:** List any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.
3. **Licenses/Certificates:** List any licenses or certificates you have which may help to qualify you for the position for which you are applying. Include driver's license, typing, steno or software certificates, professional registration, etc.

Title	State	Number	Date Issued	Date Expires

4. Languages which you can fluently: Speak _____, Read _____,
Write _____.

EMPLOYMENT HISTORY

List your entire work experience BEGINNING WITH YOUR PRESENT OR LAST JOB. Show promotions as separate jobs. Be sure to include appropriate military experience. If you need additional space, please supply all requested information on a separate sheet and attach to this application.

IMPORTANT: Check box (☐) if the job gave you specific experience in the position for which you are applying.

<input type="checkbox"/>	Employer's Name _____ Phone# _____
Dates of Work	Address _____
From _____	Supervisor's Name _____ Title _____
Mo. Yr.	Your Title _____ Wage (hr/mo) _____
To _____	Describe Your Duties _____
Mo. Yr.	_____
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	_____
Hrs. per Week _____	_____
May we contact this employer?	Reason for Leaving _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

<input type="checkbox"/>	Employer's Name _____ Phone# _____
Dates of Work	Address _____
From _____	Supervisor's Name _____ Title _____
Mo. Yr.	Your Title _____ Wage (hr/mo) _____
To _____	Describe Your Duties _____
Mo. Yr.	_____
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	_____
Hrs. per Week _____	_____
May we contact this employer?	Reason for Leaving _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

<input type="checkbox"/>	Employer's Name _____ Phone# _____
Dates of Work	Address _____
From _____	Supervisor's Name _____ Title _____
Mo. Yr.	Your Title _____ Wage (hr/mo) _____
To _____	Describe Your Duties _____
Mo. Yr.	_____
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	_____
Hrs. per Week _____	_____
May we contact this employer?	Reason for Leaving _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

REFERENCES

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The company may request consumer reports or investigative consumer reports in connection with your application for employment or during the course of your employment (if any), with the company. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee. Such reports, if obtained, will be prepared by a consumer reporting agency and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. The types of reports that may be requested, include, but are not limited to, credit reports, criminal records checks, court records checks, and/or summaries of educational and employment records and histories. The information contained in such reports may be obtained from public record sources or through personal interviews with your neighbors, friends, associates, current or former employers, or other personal acquaintances.

I certify that the information contained in this application is true and correct and complete to the best of my knowledge and belief. I understand that any false statement, omission or misrepresentation of facts in connection with this application can be cause for rejection of my application, or if I am employed, for my dismissal from employment. I also understand that I am required to abide by all rules and regulations of the Employer.

I hereby understand and acknowledge that if I am employed, my employment relationship with the Employer is of an "at-will" nature, which means that I may resign at any time and the Employer may discharge me at any time, with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any statement or conduct of any person, unless such change is specifically acknowledged in writing, signed by the President/CEO of the Employer.

I acknowledge that no other promises, agreements or representations have been made contrary to this "at-will" employment agreement, and that this agreement, as acknowledged by my signature below, is the full and complete agreement governing the Employer's and my rights and obligations concerning termination of my employment.

Signature of Applicant _____ Date _____

Applications will be maintained in an active file for a period of 90 days and then transferred to an inactive status for a period of one year from date received.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, physical or mental disabilities, or any other legally protected status.