

**APPLICATION
FOR
EMPLOYMENT**

An Equal Employment Opportunity Employer

PERSONAL INFORMATION

(Please Type or Print)

Date: _____

Full Name	Last	First	Middle
Current Address		City	State Zip
Telephone () _____		Cell Phone () _____	
Work Phone () _____		Email _____	
May we call you at work?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Position Applying For:			
Will you accept:		Comments, if needed:	
<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? _____			
What are your salary expectations for this position? \$ _____ Please do not disclose your current or any prior salary.			
How did you find out about this position?			
<input type="checkbox"/> Online Ad <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"/> | Does the position for which you are applying require driving? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | If the answer to question 2 is "YES," 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.) |
| 4. | <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.) |
| 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? We will consider all reasonable accommodations that may be necessary for a qualified applicant to perform the essential functions of the job. |

EDUCATION/TRAINING

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

Name	Location	Graduate Yes or No?	Subjects Studied	Degree				
		<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">N</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>		
Y	N							
<input type="checkbox"/>	<input type="checkbox"/>							
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Y	N							
<input type="checkbox"/>	<input type="checkbox"/>							
		<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">N</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>		
Y	N							
<input type="checkbox"/>	<input type="checkbox"/>							

2. **Special Training:** List below 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 and whether you completed it successfully.

Name of Training	Where Acquired	Successful Completion (Yes or No?)
_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>

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 software certificates, professional registration, etc.

Title of License/Certificate	State	Number	Date Expires
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. **Languages:** Does the position for which you are applying require bi-lingual or multi-lingual skills? If yes, please list any languages you speak or write fluently (please note "speak" or "write" as applicable):

EMPLOYMENT HISTORY

List your 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.

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

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

Dates of Work

From _____
Mo. Yr.

To _____
Mo. Yr.

Full-Time Part-Time

Hrs. per Week _____

May we contact this employer?
Yes No

Employer's Name _____ Phone # _____

Address _____

Supervisor's Name _____ Title _____

Your Title _____

Describe Your Duties _____

Reason for Leaving _____

REFERENCES

Reference #1

<u>Name</u>	<u>Mailing Address</u>	<u>Email Address</u>
_____	_____	_____
<u>Phone Number</u>	<u>Relationship</u>	
_____	_____	

Reference #2

<u>Name</u>	<u>Mailing Address</u>	<u>Email Address</u>
_____	_____	_____
<u>Phone Number</u>	<u>Relationship</u>	
_____	_____	

Reference #3

<u>Name</u>	<u>Mailing Address</u>	<u>Email Address</u>
_____	_____	_____
<u>Phone Number</u>	<u>Relationship</u>	
_____	_____	

**PLEASE READ CAREFULLY AND INITIAL
EACH PARAGRAPH BEFORE SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

Initial

I understand, where permissible under applicable law, I may be subject to a pre-employment drug screening after receiving a conditional offer of employment, and must successfully pass a drug screening before being permitted to commence work with the Company.

Initial

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company.

Initial

I authorize the Company and its representatives to verify the information I have supplied including, but not limited to, my character, general reputation, personal characteristics, or mode of living and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

Initial

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initial

I expressly understand and agree that either the Company or I may terminate my employment relationship with the Company at any time, with or without cause or notice.

Initial

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment other than in a document signed by the President of the company or his/her authorized representative.

Initial

I certify that all of the above information is true and complete, and I understand that any falsification or material omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Initial

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____

Applications will be maintained in accordance with applicable laws.

We consider applicants for all positions without regard to race (including natural hairstyles), color, religion (including religious dress and grooming practices), national origin, age (40 and over), medical condition, physical or mental disability, marital status, sex (including sexual harassment, sex stereotypes, pregnancy, childbirth and related medical conditions), sexual orientation, ancestry, genetic information/characteristics, gender, gender identity, gender expression, transgender, military or veteran status, reproductive health decision-making, or any other characteristic or activity protected by law.