

APPLICATION
FOR
EMPLOYMENT

An Equal Employment Opportunity Employer

PERSONAL INFORMATION

Date: _____

Full Name	Last	First	Middle
Current Address		City	State Zip
Telephone () _____		Message Phone () _____	
Work Phone () _____		May we call you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email _____			
Position Applying For: _____			
Will you accept:			
<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. Are you over 18 years of age? (If no, a work permit or proof of emancipation will be required.)
2. 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. 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. 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 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, 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.

Training	Title	State	Number	Date Expires

4. **Languages:** List any experience you have which may help to qualify you for the position for which you are applying.

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.

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 _____

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 _____

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

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

**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.

Initials

I understand, where permissible under applicable law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result 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 contact my prior employers and all others for the purpose of verification of the information I have supplied 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 Director of Human Resources or his/her authorized representative.

Initial

I certify, under penalty of perjury, 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

I understand an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

Initial

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

Applicant's signature _____ Date _____

Applications will be maintained in an active file for a period of two years 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.