

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, religious creed, sex, gender (including the actual gender or perception of the sex, identity, appearance or behavior), sexual orientation, marital status, national origin, citizenship, ancestry, disability (physical and/or mental), veteran status, or any other legally protected basis.*

Last Name: _____ First Name: _____ Middle: _____

Other names by which you have been known (or other information to enable a check on your work and education record):

Social Security No.: _____ - _____ - _____

Present Street Address: _____ City/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Have you been employed here before? Yes _____ No _____ Date(s) _____

What position did you hold _____ Supervisor: _____

Reason for Leaving: _____

If you have any friends or relatives working for the company yes, state names(s) and relationship:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

Position applying for: _____

Are you seeking: Full-time work? _____ Part-time work? _____ Temporary work _____

If a conditional offer of employment is made, on what date can you start work? _____

Rate of Pay/Salary desired: \$ _____

What days of the week/hours are you available for work: _____

Are you available to work on weekends? Yes _____ No _____

Are you available to work overtime, if necessary? Yes _____ No _____

How Did You learn of this Opening: Newspaper ad _____ Employment Agency _____ Friend _____ Relative _____

Walk in _____ Internet _____ Other _____

If under 18 years of age, can you provide a work permit, if hired? Yes _____ No _____ Not Applicable _____

If offered employment, can you provide verification of your legal right to work in the United States? Yes _____ No _____

*The applicant does not have to provide any information that would reveal race, color, age, sex, religion, natural origin, disability, veteran status or other protected category.

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List membership in professional (job related) organizations, groups, clubs, etc., which you wish to disclose (Please omit those which indicate your race, religion, color, national origin, ancestry, sexual orientation or age): _____

State branch of military service in the U.S. Armed Forces: _____

Dates of Service: _____

Have you obtained any special skills or abilities as a result of service in the military? Yes _____ No _____

If so, describe: _____

Is there any reason why you would be unable to perform or to safely perform any of the essential functions of the position for which you have applied, (**job description attached**)? Yes _____ No _____ If "Yes", please explain:

(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 to skill and agility test.)

SKILLS

Computer Programs: _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for the position for which you are applying? If yes, please explain: _____

COMPLETE FOR POSITIONS REQUIRING DRIVING ONLY

Do you own a vehicle that you can use for work purposes? Yes _____ No _____

Do you maintain the legally required minimum amount of liability insurance on your vehicle? Yes _____ No _____

Do you have a current valid California driver's license? Yes _____ No _____

Driver's License No.: _____ Expiration Date: _____

Do you have any current restrictions on your driver's license at this time? Yes _____ No _____

If Yes, please explain: _____

Have you ever had your driver's license suspended or revoked or restricted: Yes _____ No _____

Date(s) of revocation/suspension/restriction _____ Date(s) of reinstatement: _____

(Note: Continued employment may be contingent upon your maintaining a current, valid driver's license if driving is a requirement of your position.)

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FOR PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License/Certification Number: _____ Expiration Date: _____

Type of License/Certification: _____ State of Issuance: _____

Has your License/Certification ever been revoked or suspended: Yes _____ No _____

If yes, state the reason(s): _____

Date(s) or revocation or suspension _____ Date(s) or reinstatement: _____

EDUCATION

	Name /Address of School	Course of Study	# Years completed	Date Diploma/Degree
High School				*****
Undergraduate College				
Graduate/Professional				
Other				

WORK EXPERIENCE

Please fully account for all time, including periods of unemployment and any prior employment by this company. Begin with MOST RECENT job. (Use reverse side for additional information.)

Name of Last or Current Employer:	Dates Employed FROM: TO:	Work Performed:
Address:	May We Contact? Yes _____ No. _____	Job title/Job Duties:
Telephone Number:	Reason for Leaving:	Supervisor's Name
Name of Next to Last Employer:	Dates Employed FROM: TO:	Work Performed:
Address:	May we contact? Yes _____ No. _____	Job title
Telephone Number:	Reason for Leaving:	Supervisor's Name

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Name Of Second to Last Employer:	Dates Employed FROM: TO:	Work Performed:
Address:	May we contact? Yes _____ No. _____	Job title
Telephone Number:	Reason for Leaving:	Supervisor's Name

Have you ever been terminated, asked to resign, or left a job without notice? Yes No (If yes, please explain the circumstances and identify the employer(s). Use back of page for additional space if needed.)

APPLICANT'S COMMENTS

Please describe what you expect from an employer or include any remarks you may wish to add including any special qualifications for the position: _____

POST OFFER PHYSICAL EXAMINATION/CONTROLLED SUBSTANCE SCREENING

Please initial below

_____ The Company strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that after I receive a conditional offer of employment, I MAY BE REQUIRED TO UNDERGO A PHYSICAL EXAMINATION AND I MAY BE TESTED for the presence of controlled substances before I am hired as a condition of employment with the Company.

_____ I further understand that if I am required to undertake a physical examination or a drug or alcohol test for pre-employment related purposes, and if I fail to pass any such physical examination including a drug and/or alcohol test, if required, such will result in the revocation of any job offer and may be grounds for termination of employment.

Dated: _____

Signature Of Applicant

EMPLOYMENT APPLICATION
APPLICANT STATEMENT

(Please initial each statement)

_____ I certify that all information I provide on this application or any other documents submitted in connection with my application or interview for employment is true and correct. I agree to have any of the statements provided by me checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, or presenting misleading information on this application may be considered sufficient cause for immediate termination.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. **I hereby fully waive any rights or claims that I have or may have against my former employers, their employees and/or agents and release them for any and all such liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such reference information about me, whether favorable or unfavorable.**

_____ If hired, I agree as follows: My employment is for no definite period, is terminable at-will and my employment may be terminated by the Company at any time and for any reason whatsoever, with or without good cause, and with or without prior notice, at the option of either the Company or myself. I understand that nothing contained in the application, or conveyed during any interview, or during my employment, if hired, is intended to create an employment contract between me and my company.

_____ No implied, oral, or written agreements contrary to the express language of this at will agreement are valid unless they are in writing and signed by the President of the Company or the President's designee. No supervisor or representative of the Company, other than the President of the Company or the President's designee has any authority to make any agreements contrary to the foregoing.

_____ I agree that if employed, I will abide by all policies and procedures established by the Company.

_____ I further certify that I have been informed of the duties of the position for which I am applying and that I can perform the essential functions of the position and that if necessary will inform the Company of any need for a reasonable accommodation that I may require to perform the functions of the position.

_____ **I expressly represent that my application for employment does not violate or conflict with any other obligations to any other prior or current employer of mine and that I will not utilize or disclose any trade secret or other confidential information of a third party that I am prohibited from using during this application process or if hired, during my employment.**

_____ **I expressly understand and agree that if hired, I will not improperly disclose, utilize or disseminate any confidential proprietary information or trade secrets of the Company that I have been provided, learned about or obtained from the Company during my employment. I understand I am prohibited from using the Company's confidential proprietary information and/or trade secrets at any time.**

Signature of Applicant: _____ Date: _____

Print Name: _____