

APPLICATION FOR EMPLOYMENT

We are an "at-will," equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, marital status, genetic information, veteran status or any other legally protected class. Offers of employment may be contingent on applicant passing a job-related physical examination and/or a skills and agility test.

PERSONAL INFORMATION			Social Security Number: _____		
Last Name		First Name	Middle	E-mail address	
Address		City		State	Zip
Phone Number	Cell Phone Number		Position: _____	Are you 18 or older?	
EDUCATION			Name and Location		G grade Completed - Graduate?
GRAMMAR SCHOOL					K 1 2 3 4 5 6 7 8
HIGH SCHOOL					1 2 3 4 Yes No
COLLEGE					1 2 3 4 Yes No
TRADE OR BUSINESS					1 2 3 4 Yes No
FORMER EMPLOYMENT List below your last employers or major periods of unemployment, (1 month or more) starting with the last one first.					
Date Month Year	Name, Address and Phone # of Former Employer and/or List Periods of Unemployment			Position	Reason For Leaving
From					
To					
From					
To					
From					
To					
From					
To					
REFERENCES: List below three persons not related to you, whom you have known at least one year.					
Name		Address/Phone		Position	Years Acquainted
Are you able to perform the tasks of the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This may be with or without accommodation.)</i>					
CERTIFICATION: I certify that I am eligible to work in the United States and I certify that I have given true, accurate and complete information on this form to the best of my knowledge.					
I authorize investigation on all statements contained in this application. I understand that misrepresentation, or the omission of any information requested in this application process, may result in dismissal. I authorize all former employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications.					
Further, I understand and agree that my employment is "at will," which is for no definite period and may, regardless of the method of payment of my wages or salary, be terminated at any time without cause and without any previous notice.					
I accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employment disputes.					
Signature and Date			I-9 Form	CA Drivers License #	Physical/Drug Test
In Case of Emergency Notify: Name/Address/Phone _____					
Note: Applications are effective for a period of 60 calendar days. Re-apply to maintain an effective application.					

EMPLOYMENT BACKGROUND REVIEW

Do Not Write Below This Line. For Office Use Only!

Employer Reference Checks

Former Employer	Phone Number	Contact Person	Response

Individual References

Reference Individual	Phone Number	Contact Person	Response

Interview

Interviewer:

Date of Interview:

Remarks:

Ability:

Neatness:

Hired? Yes No

Position:

Department:

Starting Wage:

Promised Increases & Dates:

Date Reported To Work:

Approvals

General Manager	Department Head	Supervisor/Foreman	Personnel
Date	Date	Date	Date