

The Company

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 or marital status. Offers of employment may be contingent on applicant passing a job-related physical examination and/or a skills and agility test.

PERSONAL INFORMATION				
Last Name	First Name	Middle	Social Security Number	
Address				
City			State	Zip
Phone Number	Position and Wage Desired	Date you can start	Are you 18 or older?	
EDUCATION				
	Name and Location	Grade Completed - Graduate?	Studies/Degree	
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	Salary On Leaving	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>				
Have you ever been convicted of a felony or serious misdemeanor or do you have a case pending? <input type="checkbox"/> Yes <input type="checkbox"/> No A conviction will not necessarily disqualify you from employment.				
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	Physical/Drug Test	CA Drivers License #	
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.				

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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