

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: | Start date: | |
| | | | Are you 18 or older? | | |
| EDUCATION | | | | | |
| Name and Location | | | G rade 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 | | | 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> | | | | | |
| <p>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.</p> <p>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.</p> <p>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.</p> <p>I accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employment disputes.</p> | | | | | |
| Signature and Date | | | 1-9 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Position: | Department: | |
| Starting Wage: | Promised Increases & Dates: | Date Reported To Work: | |
| Approvals | | | |
| General Manager | Department Head | Supervisor/Foreman | Personnel |
| | | | |
| Date | Date | Date | Date |