

APPLICATION MUST BE COMPLETELY FILLED OUT LEGIBLY & SIGNED.
 APPLICATIONS THAT CAN NOT BE READ WILL NOT BE ACCEPTED.
 COMPLETED APPLICATIONS DO NOT GUARANTEE EMPLOYMENT.

EMPLOYMENT APPLICATION

Date: _____

Position Applying for: _____ **Full Time** **Part Time**

Full Name: _____, _____
Last First Middle

Address: _____
Street Apt. City State Zip Code

Home Telephone: _____ Cell phone #: _____

Please list all places of residence for the last seven (7) years, beginning with the most recent.

1. _____
Street Apt. City State Zip Code Years
2. _____
Street Apt. City State Zip Code Years
3. _____
Street Apt. City State Zip Code Years

How did you hear about us? (CIRCLE ONE) (ANSWER THIS SECTION COMPLETELY)

Employee Referral Walk In Yellow Pages Newspaper

Do you have reliable means of transportation? YES NO

Do you have a valid driver's license? YES NO

If yes: _____
Driver's License Number Exp. Date Issuing State

If you do not have a valid driver's license, do you have a California issued identification card? YES NO

If yes: _____
Identification Number Issuing State

Do you have any family members working for Our Company? YES NO

Have you worked for us before? YES NO

If yes, when? _____

License	License #	Exp. Date
Guard Card		
Fire Arms Permit		
Baton		
Tear Gas/Mace		

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Unemployment History: Please account for any time you were not employed in the last ten (10) years, after leaving school. You need not list any unemployment periods of one (1) month or less.

Dates of employment:

Reason(s) You are no longer Unemployed

_____	_____
_____	_____
_____	_____
_____	_____

Please list below, three (3) personal references. (We will contact each)

Personal References Name	Mailing address	Telephone #	Years Known

Performance of Job-Related Functions: Are you able to perform the essential functions of the job with or without reasonable accommodations(s), for which you are applying? Yes No

Do you take any illegal drugs? Yes No

Describe fully if you checked yes: _____

Describe fully if you checked yes: _____

If requested, are you available to work (**CHECK AS MANY THAT APPLY**):

Weekends <input type="checkbox"/>	Holidays <input type="checkbox"/>	Overtime <input type="checkbox"/>
Days <input type="checkbox"/>	Swings <input type="checkbox"/>	Graves <input type="checkbox"/>

CRIMINAL MATTERS

Have you ever committed a crime? Yes No

Are you currently charged with an unresolved criminal charge (a charge which has not yet resulted in pleas, trial, or a dropping of the charge, or for which you are out on bail or on your own recognizance pending trial)? Yes No

AUTHORIZATION

Please read carefully and initial each paragraph before signing

“I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted is true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.” _____ Initials

“I agree to immediately notify my employer if I am convicted of any crime while my job application is pending or during my period of employment, I hired.” _____ Initials

“I authorize the investigation of all statements contained in this application (and accompanying resume, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), consumer reporting agency and organizations, whether or not named in this application form (and accompanying resume, if any), to provide the company with records, information and opinion that may be useful in making a hiring decision. I release all such informants and the company from all liability for any decision, claim or damage that may result from furnishing and / or relying on such information and opinion (which is truthful or made in good faith) to you.” _____ Initials

“I give permission for a pre-employment drug/alcohol screening exam and, if the company makes a conditional job offer, I give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary.” _____ Initials

“I understand that, if hired, and during my employment, I shall always give preference to your company/business. I further agree not to use or disclose company and trade secrets or confidential or proprietary information to anyone outside of the Company or anyone within out Company who is not authorized to have the information. I will not engage in other activities that create a conflict of interest with my position with unless given permission in writing.” _____ Initials

“If I become employed, in consideration of my employment, I agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself. Only the president of the company has the authority to enter into an employment agreement for a specified period of time or for termination only for cause, and any such agreement must be in writing. I understand and acknowledge that this constitutes the entire agreement between me and the employer regarding the term of my employment and supersedes any other oral or written agreement.” _____ Initials

“If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.” _____ Initials

“If offered employment, I understand that I will be required to review, complete and execute various employment documents (including, but not limited to, this application, confidentiality and non-disclosure agreements), and agree that the process of my being hired will not be complete until all employment documents have been signed.” _____ Initials

Equal Employment Opportunity Data

To assist us in gathering the statistical information required to demonstrate our compliance with Affirmative Action / Equal Employment Opportunity Laws, we ask that you voluntarily complete this portion of the application. Whether or not you choose to provide this information, will in no way impact our decision regarding your employment. This portion will be detached from your application and filed separately.

Applicant Name (print)

Date

Sex: Male Female

Race / Ethnicity:

American Indian / Alaskan Native

Asian / Pacific Islander

Black

Hispanic

White

Other

If you wish to be identified as qualifying for placement or accommodation, under the Rehabilitation Act of 1973 and / or the Veteran Era Veterans Readjustment Act of 1974 please check the applicable box:

Vietnam Era Veteran

Other Eligible Veteran

Disabled Veteran

Individual with a Disability

To Be Filled Out By The Employer

EEO-1 Category

Officials and managers Professionals Technicians

Sales Office and clerical Crafts – skilled

Operatives – semi skilled Laborers – unskilled Service Workers