

An Equal Opportunity Employer

CALIFORNIA APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Position Applied For _____	Starting Compensation Expected _____	Date Available to Start _____	Date of Application _____	Telephone _____
Last Name (PRINT) _____	First Name _____	Middle Name _____		Alternate Telephone _____
Address _____	City _____	State/Zip _____	E-Mail Address _____	
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO If under 18, hire is subject to verification of minimum legal age to work in the position applied for.		List other names under which you may be known to your past employers: _____ _____		
Availability: Full Time <input type="checkbox"/> YES <input type="checkbox"/> NO Part Time <input type="checkbox"/> YES <input type="checkbox"/> NO Holidays <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Explain:				
Temporary / Seasonal <input type="checkbox"/> YES <input type="checkbox"/> NO If applying for temporary work, specify period of time:				
Overtime <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Explain:				
Weekends <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Explain:				
Evenings <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Explain:				
How did you hear about our company and this job opening? <input type="checkbox"/> Employment Agency (Name) _____ <input type="checkbox"/> Newspaper (Name) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Previously Employed (Date) _____ <input type="checkbox"/> School (Name) _____ <input type="checkbox"/> Other _____				
Have you ever applied to work here before? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Why are you applying for work here?				
Are any relatives employed here (e.g., immediate family, cousins, nephews, nieces, aunts, uncles, grandchildren and in-laws)? If so, for each, please provide:				
Name: _____		Position: _____		
: _____		Position: _____		
NOTE: We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.				
If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe the functions that cannot be performed either with or without reasonable accommodation. _____ _____				
NOTE: The Company complies with the Americans with Disabilities Act and the California Fair Employment and Housing Act and hires employees who are able to perform the essential functions of their jobs, with or without reasonable accommodations, without regard to any physical or mental disability.				

EDUCATION

School	Name and Address (Street, City, State, Zip Code)	Number of Years Completed	Did you graduate?	Area of Study and Degree(s) Received
High School				
College/University				
Graduate				
Vocational/Business				
Health Care Training				
Other				

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at our Company?

YES NO

If so, please explain: _____

SKILLS

Computer Experience? YES NO

Please list all relevant software with which you are proficient (include word processing, graphic, database management, spreadsheet, client accounting, etc.).

Additional Skills: Please list any skills (including translation skills) or experience with equipment, relevant to the position for which you are applying, which you would like us to consider.

Answer the following questions if you are applying for a professional position.

Are you licensed/certified for the job applied for? YES NO

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? YES NO

If yes, state reason(s), date of revocation or suspension, and date of reinstatement:

Have you ever been subject to disciplinary action? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY

Are you currently employed? YES NO

If so, may we contact your current employer? YES NO

List below ALL present and past employment during the past five years, beginning with the most recent employer.

Complete all requested information, even if attaching a resume. Attach separate sheets if necessary.

Dates Employed		Name, Address and Telephone Number of Employer:
From: Mo. _____ Yr. _____	To: Mo. _____ Yr. _____	 _____ _____
Type of Business: _____		
Position(s) and duties _____		
Name and Telephone Number of Supervisor _____		If current supervisor, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving _____		
Current employer? _____		

Dates Employed		Name, Address and Telephone Number of Employer:
From: Mo. _____ Yr. _____	To: Mo. _____ Yr. _____	 _____ _____
Type of Business: _____		
Position(s) and duties _____		
Name and Telephone Number of Supervisor _____		If current supervisor, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving _____		
Current employer? _____		

Dates Employed		Name, Address and Telephone Number of Employer:
From: Mo. _____ Yr. _____	To: Mo. _____ Yr. _____	 _____ _____
Type of Business: _____		
Position(s) and duties _____		
Name and Telephone Number of Supervisor _____		If current supervisor, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving _____		
Current employer? _____		

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? YES NO

If yes, please describe: _____

PERSONAL REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least (5) years.

Name _____
Address _____ Phone No. _____

Name _____
Address _____ Phone No. _____

EMPLOYMENT REFERENCES

List below 3 persons NOT related to you who have knowledge of your work performance within the last three years.

Name _____
Address _____ Phone No. _____
Occupation: _____ No. of years acquainted: _____

Name _____
Address _____ Phone No. _____
Occupation: _____ No. of years acquainted: _____

Name _____
Address _____ Phone No. _____
Occupation: _____ No. of years acquainted: _____

APPLICANT'S STATEMENT (Please read carefully, initial each numbered paragraph as read, and sign below)

- ____ 1. I certify that all the information I have given on this application is true and correct to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I have personally completed this application. I understand that failure to provide complete information or any misrepresentation in any information that I have provided to the Company may result in no offer of employment or to termination of employment if I am employed, regardless of the time elapsed before discovery.
- ____ 2. I authorize the Company to inquire into my suitability for the position for which I am being considered to the fullest extent permitted by law, including investigation of my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I hereby give consent to present and past employers and the references that I have listed to disclose information and documents about me, without giving me prior notice. In addition, I hereby release the Company, my present and past employers, and all other persons and entities from any and all claims, demands, or liabilities arising out of or in any way related to such disclosures.
- ____ 3. I understand that in the event that I am hired by the Company, my employment with the company will be at-will, will be for no definite or determinable period, and that either I or the Company can end the employment relationship at any time, with or without cause or advance notice. I understand that the Company may modify the terms of my employment at any time, with or without cause or notice. I understand and agree that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.
- ____ 4. I understand that any offer of employment will be contingent upon my ability to prove my identity and eligibility to work in the United States, including completion of any documentation required under United States law. I understand that the Company will maintain copies of the documentation that I provide for such purposes.
- ____ 5. I understand that any offer of employment is contingent upon a satisfactory check on my background, which may require me to sign one or more additional authorizations permitting the Company or authorized third parties to conduct background checks and/or credit checks, but only to the extent permitted by law. I further understand that any authorization for such checks that I am asked to sign will be accompanied by written information about my rights with regard to such checks, and that if I fail to provide the required signed authorization, my offer of employment may be rescinded.
- ____ 6. I understand any offer of employment is contingent upon my signing an agreement to arbitrate all employment-related disputes that is governed under the Federal Arbitration Act (FAA). The agreement will include a promise to bring any claims or actions against the Company only as an individual, and not as part of any class or group. To the fullest extent permitted by law, I agree that any and all issues related to my application for employment, my employment, or the termination of my employment shall be submitted to final and binding arbitration under the FAA, which is explained in more detail in the Company's Employee Handbook and/or other written policy or agreement.
- ____ 7. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol or under certain circumstances, to random drug testing if I am employed in a safety-sensitive position. I understand and agree that I may be required to provide written consent to such tests as a condition of employment and my refusal to consent will result in no offer of employment, rescission of any offer of employment already made or, if already employed, termination of employment.
- ____ 8. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing statements.

Signature of Applicant _____ Date: _____