



# APPLICATION FOR EMPLOYMENT

All responses should be in the handwriting of the applicant.  
**AN EQUAL OPPORTUNITY EMPLOYER**  
If we require further information regarding your application,  
you will be contacted.  
**PLEASE DO NOT CALL.** Phone inquiries are not accepted.

Date Employed/Re-employed \_\_\_\_\_  
Department \_\_\_\_\_  
Position \_\_\_\_\_ Location \_\_\_\_\_  
Rate \$ \_\_\_\_\_ Number \_\_\_\_\_

*The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of California prohibit all of the above mentioned types of discrimination.*

Today's Date: \_\_\_\_\_

## PERSONAL

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
No. Street City State Zip

Telephone No. ( ) \_\_\_\_\_  Home  Cell  Other \_\_\_\_\_

Another telephone where you can be reached ( ) \_\_\_\_\_  Home  Cell  Other \_\_\_\_\_

How long have you lived in the area? \_\_\_\_\_ Last out of town address \_\_\_\_\_

Is any additional information relative to change of name, use of assumed name, or nickname, necessary to enable a check on your work and education record? If yes, please explain: \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States?  Yes  No

Are you over 18 years of age?  Yes  No *Employment is subject to verification that you are of minimum legal age.*

JOB(S) APPLIED FOR: \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Do you want to work  Full-time  Part-Time. Specify days and hours \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have any friends working for us? \_\_\_\_\_ Do you have any relatives working for us? \_\_\_\_\_

If hired, do you have reliable means of transportation to get to work? \_\_\_\_\_

Do you have physical handicaps which may limit your ability to perform the job applied for? \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 10 years?  No  Yes

If yes, please describe in full \_\_\_\_\_

### Person to be notified in case of accident or emergency

Name	Address	City, State, Zip	Phone Number

## MILITARY SERVICE RECORD

Have you ever served in the armed forces of the United States? Yes  No  If Yes, what branch? \_\_\_\_\_

Have you acquired any skills during your military service that are relevant and applicable to the position for which you are applying?  
Yes  No  If yes, please explain \_\_\_\_\_

## PERSONAL REFERENCES (Not former Employers or Relatives)

Name	Phone Number	Occupation	Address, City, State, Zip	How long have you known this person?
1.				
2.				
3.				

## EDUCATIONAL BACKGROUND

Type of School	Name and Address	How Many Years Attended	Graduated	Course or Major
GRAMMAR OR GRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
POST GRADUATE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	
What languages do you read and/or speak other than English?				

**WORK HISTORY FOR LAST 10 YEARS**

(List present or most recent employment first. Give a complete record. Every month should be accounted for. If necessary, use an additional sheet of paper.)

DATES State Mo. & Yr.		COMPANY NAME AND ADDRESS	POSITION	RATE OF PAY		SUPERVISOR'S NAME	PHONE NUMBER	REASON FOR LEAVING
FROM	TO			START	FINISH			
Describe in detail the work you did.								
DATES State Mo. & Yr.		COMPANY NAME AND ADDRESS	POSITION	RATE OF PAY		SUPERVISOR'S NAME	PHONE NUMBER	REASON FOR LEAVING
FROM	TO			START	FINISH			
Describe in detail the work you did.								
DATES State Mo. & Yr.		COMPANY NAME AND ADDRESS	POSITION	RATE OF PAY		SUPERVISOR'S NAME	PHONE NUMBER	REASON FOR LEAVING
FROM	TO			START	FINISH			
Describe in detail the work you did.								

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other conditions. An offer of employment may be made on the condition that you pass a physical examination.

**PLEASE READ CAREFULLY**

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employment, falsified statement on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.\*

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

\*NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.