



## EMPLOYMENT APPLICATION

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR \_\_\_\_\_ DESIRED SALARY \_\_\_\_\_  
 DATE OF APPLICATION \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_

|                  |       |           |
|------------------|-------|-----------|
| Full Name:       |       | AKA:      |
| Current Address: |       | How Long: |
| Past Address:    |       | How Long: |
| Home Telephone:  | Cell: | Email:    |

### SCHEDULE

Please keep in mind that schedules and shift may vary depending on position, season and position. Additionally, the hours may vary from week to week, depending on the company needs. Please list only the times/days you are available to work below.

| SPECIFY HOURS AVAILABLE DAILY   | SUN | MON | TUES | WED | THURS | FRI | SAT |
|---|-----|-----|------|-----|-------|-----|-----|
| AM  |     |     |      |     |       |     |     |
| PM  |     |     |      |     |       |     |     |
| Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: |     |     |      |     |       |     |     |

|   |     |    |
|---|-----|----|
| Are you less than 18 years of age? (If yes, you will need to present a work permit.)  | Yes | No |
| Do you have reliable means of transportation?   | Yes | No |
| Do you have a valid driver's license?   | Yes | No |
| Are you legally eligible for employment in the United States? (Proof will be required.)   | Yes | No |
| Have you ever been discharged from any employment or asked to resign? If yes, please explain under "Information."   | Yes | No |
| Do you have any family members and/or friends at this company? If so, please list under "Information."  | Yes | No |
| Were you referred to this position by anyone? If so, please list under "Information."   | Yes | No |
| Have you ever been convicted of a criminal offense — felony or serious misdemeanor in the last 7 years? If yes, list nature of crimes, when and where convicted and disposition of the case under "Information."<br><b>California Only:</b> Applicants may omit any convictions for the possession of Marijuana that are more than two (2) years old, and any information or referral to, and participation in, pretrial or post trial diversion program. | Yes | No |
| Are you able to perform the essential functions of the job that you are applying for? List any reasonable accommodations needed under "Information."  | Yes | No |
| Are you able to work overtime?  | Yes | No |
| Have you worked at this company before? If yes, provide job title, location and dates of employment under "Information."  | Yes | No |
| Information:  |     |    |

### EDUCATION & SKILLS

| NAME OF SCHOOL   | CITY & STATE | GRADE OR DEGREE COMPLETED | DID YOU GRADUATE? |
|--|--------------|---------------------------|-------------------|
|  |              |                           |                   |
|  |              |                           |                   |
| Do you have any special licenses, certificates or special training? If so, please list under " <b>Special.</b> "           |              |                           | Yes No            |
| Do you have any special skills not listed that are relevant to this position? If so, please list under " <b>Special.</b> " |              |                           | Yes No            |
| Are you proficient with Microsoft Word and Excel?  |              |                           | Yes No            |
| Are you computer literate? If so, list software knowledge under " <b>Special.</b> "  |              |                           | Yes No            |

**Special:**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |



**EMPLOYMENT HISTORY**

Begin with your most recent employment [1] and continue with 7 years of past employment (attach additional sheet if necessary)

|  |          |                     |    |    |    |                      |
|--|----------|---------------------|----|----|----|----------------------|
| 1                                      | EMPLOYER | FROM                |    | TO |    | JOB TITLE            |
|  |          | MO                  | YR | MO | YR |                      |
| NAME OF COMPANY                        |          |                     |    |    |    | DESCRIBE YOUR DUTIES |
| ADDRESS                                |          | STARTING SALARY: \$ |    |    |    |                      |
| TELEPHONE                              |          | ENDING SALARY: \$   |    |    |    |                      |
| NAME & TITLE OF IMMEDIATE SUPERVISOR   |          | REASON FOR LEAVING  |    |    |    |                      |
| 2                                      | EMPLOYER | FROM                |    | TO |    | JOB TITLE            |
|  |          | MO                  | YR | MO | YR |                      |
| NAME OF COMPANY                        |          |                     |    |    |    | DESCRIBE YOUR DUTIES |
| ADDRESS                                |          | STARTING SALARY: \$ |    |    |    |                      |
| TELEPHONE                              |          | ENDING SALARY: \$   |    |    |    |                      |
| NAME & TITLE OF IMMEDIATE SUPERVISOR   |          | REASON FOR LEAVING  |    |    |    |                      |
| 3                                      | EMPLOYER | FROM                |    | TO |    | JOB TITLE            |
|  |          | MO                  | YR | MO | YR |                      |
| NAME OF COMPANY                        |          |                     |    |    |    | DESCRIBE YOUR DUTIES |
| ADDRESS                                |          | STARTING SALARY: \$ |    |    |    |                      |
| TELEPHONE                              |          | ENDING SALARY: \$   |    |    |    |                      |
| NAME & TITLE OF IMMEDIATE SUPERVISOR   |          | REASON FOR LEAVING  |    |    |    |                      |
| PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT: |          |                     |    |    |    |                      |

**REFERENCES - Give below four (4) business references, which you have known for at least one (1) year**

| NAME | BUSINESS NAME | PHONE NUMBER/ EMAIL | YEARS AQUAINTED |
|------|---------------|---------------------|-----------------|
|      |               |                     |                 |
|      |               |                     |                 |
|      |               |                     |                 |
|      |               |                     |                 |

**PLEASE READ CAREFULLY AND SIGN BELOW:**

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. . I further certify that I, the undersigned applicant, have personally completed this application.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, gender bias, national origin, marital status, expunged juvenile records, or pregnancy, and any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is at will, for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and 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.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Printed Name

Date

