

APPLICATION FOR EMPLOYMENT

NAME	(Last)	(First)	(Middle)	Have you ever used another name?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Application / /	Social Security #
Present Address (Street # - P.O. Box)				(City)	(State)	(Zip)	Are you under 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO
Permanent Address (Street # - P.O. Box)				(City)	(State)	(Zip)	Do you have a valid Drivers License? <input type="checkbox"/> YES <input type="checkbox"/> NO
A.C. & Phone Number		Position Desired		Is any additional information relative to change of name, use of an assumed name, or a nickname necessary to enable a check on your work or education record?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
If related to anyone in our employment, state:			(Name)	(Department)	Date you can start employment:	Have you ever applied to this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where? _____ Date? _____
Can you, after employment, submit verification of your eligibility to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			What Foreign Languages do you fluently: (speak?) (read?) (write?)			Referred by: _____	
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been convicted of a felony, or, within the last 3 years, a misdemeanor which resulted in imprisonment? <input type="checkbox"/> YES <input type="checkbox"/> NO		NOTE: A conviction will not necessarily disqualify applicant from the desired position.	
If a minor, list the name and address of a parent or guardian:		Name	Address	(Phone Number)	(Relationship)		
In case of emergency		Name	Address	(Phone Number)			
NAME OF SCHOOLS ATTENDED		LOCATION OF SCHOOL		DID YOU GRADUATE?		SUBJECTS STUDIED	
A				<input type="checkbox"/> YES <input type="checkbox"/> NO			
B				<input type="checkbox"/> YES <input type="checkbox"/> NO			
C				<input type="checkbox"/> YES <input type="checkbox"/> NO			
FORMER EMPLOYERS: (List former employers, starting with the most recent.)							
DATES		NAME OF EMPLOYER		POSITION(S) HELD		REASON FOR LEAVING	
FROM	TO	ADDRESS OF EMPLOYER		SUPERVISOR'S NAME		TELEPHONE NUMBER	

Can you perform, with or without reasonable accommodation, the essential functions of the job applied for? YES NO

I understand that nothing contained in this application or in the granting of an interview creates a contract between the company and me for either employment or the providing of any benefit. No promise regarding employment has been made to me, and no such promise shall bind the company unless made in writing by its president, managing general partner, or owner. If the company hires me, I acknowledge that no consideration has been or shall be furnished to the company for my employment other than the services I shall render to it.

The answers which I have given herein are true and complete. I authorize the company to investigate all statements contained in this application for employment as may be necessary or appropriate in arriving at an employment decision. I authorize all persons and entities, including but not limited to schools, companies, corporations, credit bureaus and law enforcement agencies, to supply the company with information about my background, and I release everyone from liability for any damage that may result from furnishing information to the company.

I understand that if hired: (1) my employment could be made contingent on my taking and passing a job-related medical examination and/or test for illegal drug use, both of whose fees the company would pay; (2) my employment would not be for a definite period but would be irrevocably at will, meaning that I could be discharged at any time, either with or without cause or prior notice; (3) no one would have any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the above provision that my employment with the company would be irrevocably at will; (4) I would be required to submit proof of my eligibility to work in the United States; (5) I could be immediately discharged for having given false or misleading information in my application or interview(s); (6) I would be required to obey all rules and policies of the company; (7) I would be expected to work on any day during the company's workweek and to work overtime upon request; (8) I would be responsible for arranging my own transportation to and from work; and (9) except for the term of employment which specifies that my employment with the company would be irrevocably at will, the company could, for any or no reason, change, revoke or add to the terms and conditions of my employment at any time by notifying me of the change, revocation or addition and, by remaining in the company's employment after having been so notified, I will have agreed to the change, revocation or addition.

The foregoing states the entire arrangement between me and the company on the matters it covers. There are no oral or collateral agreements of any kind. This agreement cannot be modified except by a writing duly issued by the company.

SIGNATURE

DATE

A NEW APPLICATION FOR EMPLOYMENT IS VALID FOR ONLY 30 DAYS. TO REMAIN AS AN ACTIVE APPLICANT, AN APPLICANT MUST COMPLETE AND SUBMIT A NEW APPLICATION TO THE COMPANY ONCE EVERY 30 DAYS.

(Employer must detach this portion and file in a location away from the Application for Employment.)

To the Applicant: The information requested on this form is required by the regulations of the Department of Fair Employment and Housing. Employers in California must keep these records on file for two years. For your protection, employers must store the records in a location away from your application. The information is for data purposes only; providing it is voluntary on your part.

Name _____ Sex _____ Date _____ Age _____
Position applied for: _____ Marital Status _____

PLEASE CHECK ONE RACE/COLOR

- | | | | | |
|--|-------------------------------------|---|---|--|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian | <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other |
| NATIONAL ORIGIN/ANCESTRY | | | | |
| <input type="checkbox"/> Hispanic* | <input type="checkbox"/> Polynesian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Other National Origin |

*Hispanic: Those individuals who originate from Mexico, Central and South American countries, Cuba and Puerto Rico.