

▲ Click above to insert your company logo

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An Equal Opportunity Employer

**Please Print**

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle

Present Address

\_\_\_\_\_  
No. & Street                      City                      State                      Zip Code

Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street                      City                      State                      Zip Code

\_\_\_\_\_  
Business Phone                      Home Phone

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

- Regular full-time work?.....  Yes  No
- Regular part-time work?.....  Yes  No
- Temporary work, e.g., summer or holiday work?.....  Yes  No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends?.....  Yes  No

Would you be available to work overtime, if necessary?.....  Yes  No

If hired, what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

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**Personal Information**

How did you hear about our company and this job opening? \_\_\_\_\_

Have you ever applied to or worked for \_\_\_\_\_ before?  Yes  No

If yes, when? \_\_\_\_\_

Why are you applying for work at \_\_\_\_\_ ?

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?.....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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.

## Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
<b>College/ University</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
<b>Vocational/ Business</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
<b>Health Care Training</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at \_\_\_\_\_?  Yes  No

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To  Hourly Rate  Annual Salary Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

Current employer?.....  Yes  No

May we contact this employer for a reference?.....  Yes  No

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To  Hourly Rate  Annual Salary Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

**Employment History, continued**

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  Hourly Rate \_\_\_\_\_  
 Annual Salary \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

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Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  Hourly Rate \_\_\_\_\_  
 Annual Salary \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

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Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  Hourly Rate \_\_\_\_\_  
 Annual Salary \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

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**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize \_\_\_\_\_ to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, 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.

\_\_\_\_\_  
Initials

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 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.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

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**Optional**

\_\_\_\_\_  
Initials

Should a search of public records be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the Company will only be used to the extent allowed by federal, state, or local law.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



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**Optional**

The information requested below is necessary for the specific position for which you are applying. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

(Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old, infractions, records relating to diversion programs, or convictions that have been judicially dismissed, expunged or ordered sealed pursuant to law.) .....  Yes  No

If yes, state nature of the crime(s), when and where convicted, disposition of the case and any additional information you believe may be relevant.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature