



# Application for Employment

1 Please print

2 No answer to any question will be used to discriminate among applicants on the basis of sex, race, age, religion, national origin, color, physical handicap, medical condition, marital status, ancestry, disability or for any other purpose prohibited by law.

1 Position applied for \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Summer \_\_\_\_\_ Introduced by \_\_\_\_\_  
2 Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3 Address \_\_\_\_\_ Number and Street \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
4. Are you 18 years of age or over? Yes \_\_\_\_\_ No \_\_\_\_\_

5 Social Security Number \_\_\_\_\_ 6. California Drivers License No. \_\_\_\_\_ Expires 20 \_\_\_\_\_

7 Do you have a birth certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ 8. Can you establish your date of birth? Yes \_\_\_\_\_ No \_\_\_\_\_

9 Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? Yes \_\_\_\_\_ No \_\_\_\_\_

10 Have you any relatives employed by this company? Yes \_\_\_\_\_ No \_\_\_\_\_

11 Have you ever been convicted of any violation(s) of law, including traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of offense: \_\_\_\_\_  
Statute or ordinance (if known): \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Date of Charge: \_\_\_\_\_  
County, City, State of Conviction: \_\_\_\_\_  
(Conviction is not automatic bar to employment.)

12 Do you object to working at night, Saturday, Sunday or holidays? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Any "Yes" answers to items 9 through 12 must be explained)

EDUCATION: (Circle highest grade completed): 7 8 9 10 11 12 13 14 15 16 17 18

High School \_\_\_\_\_ Name of School \_\_\_\_\_ Location \_\_\_\_\_ Years: From \_\_\_\_\_ To \_\_\_\_\_ Graduate Yes/No \_\_\_\_\_ Specialization \_\_\_\_\_ Grade Pt Avg. \_\_\_\_\_

Junior College \_\_\_\_\_  
College or University \_\_\_\_\_ Name of School \_\_\_\_\_ Location \_\_\_\_\_ Years: From \_\_\_\_\_ To \_\_\_\_\_ Graduate Yes/No \_\_\_\_\_ Specialization \_\_\_\_\_ Grade Pt Avg. \_\_\_\_\_

Technical, Trade or other \_\_\_\_\_  
Degrees held \_\_\_\_\_ in \_\_\_\_\_ Date Conferred \_\_\_\_\_ Professional Registration \_\_\_\_\_

Extracurricular Activities (exclude activities related to race, religion, national origin, disability, color, physical handicap, medical condition, marital status, sex or ancestry)

Other Interests and Activities \_\_\_\_\_

Military service Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_ Duties \_\_\_\_\_

Highest Rating or Rank \_\_\_\_\_ Special Schools Attended \_\_\_\_\_

1. Name of employer \_\_\_\_\_ Dates of employment (month, year) \_\_\_\_\_ Name of immediate supervisor/title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address of employer \_\_\_\_\_ City \_\_\_\_\_  
Description of your work \_\_\_\_\_ Last salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your employer? Yes \_\_\_ No \_\_\_

2. Name of employer \_\_\_\_\_ Dates of employment (month, year) \_\_\_\_\_ Name of immediate supervisor/title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address of employer \_\_\_\_\_ City \_\_\_\_\_  
Description of your work \_\_\_\_\_ Last salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your employer? Yes \_\_\_ No \_\_\_

3. Name of employer \_\_\_\_\_ Dates of employment (month, year) \_\_\_\_\_ Name of immediate supervisor/title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address of employer \_\_\_\_\_ City \_\_\_\_\_  
Description of your work \_\_\_\_\_ Last salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your employer? Yes \_\_\_ No \_\_\_

4. Name of employer \_\_\_\_\_ Dates of employment (month, year) \_\_\_\_\_ Name of immediate supervisor/title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address of employer \_\_\_\_\_ City \_\_\_\_\_  
Description of your work \_\_\_\_\_ Last salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your employer? Yes \_\_\_ No \_\_\_

AFFIDAVIT: I authorize all schools which I attended and any of my former employers to give information relative to my academic and employment record, and I release them and the Company from all liability for any damages whatsoever arising therefrom. I declare each of the answers given to be complete and true to the best of my knowledge and am aware that any misrepresentation or omission may be cause for dismissal or shall be grounds for rejection of the applicant for employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_