



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				
Position Applying For	Starting Salary Expected	Date Available to Start	Date of Application	Home Telephone
Last Name (PRINT)	First Name	Middle Name		Message Telephone
Address		City	State/Zip	E-Mail Address
Social Security Number		Are you at least 18 years old?	List other names under which you may be known to your past employers:	
Have you ever been convicted of a criminal offense? YES or NO If YES, please describe the nature of the offense, date and jurisdiction where conviction occurred, and disposition of the case:				
NOTE: A criminal conviction is not an automatic disqualification for all jobs, but it may affect your suitability for some positions. Exclude minor traffic violations, sealed or juvenile convictions, expunged or statutorily eradicated records, and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to California Penal Code Section 1203.4. Also exclude marijuana-related convictions occurring 2 or more years ago.				
Availability: Full Time <input type="checkbox"/> YES <input type="checkbox"/> NO Part Time <input type="checkbox"/> YES <input type="checkbox"/> NO Specify days/hours:				
Regular hours <input type="checkbox"/> YES <input type="checkbox"/> NO Overtime <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Explain:				
How were you referred? <input type="checkbox"/> Advertisement (Name) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Previously Employed (Date) _____ <input type="checkbox"/> Drop In (Name) _____ <input type="checkbox"/> Other _____				
Are any relatives employed here (e.g., immediate family, cousins, nephews, nieces, aunts, uncles, grandchildren and in-laws)? If so, please provide:				
Name		Position		
If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe the functions that cannot be performed:				
NOTE: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.				

EDUCATION			
School	Name and Location	Years Attended	Area of Study and Degree(s) Received
High School			
College/University			
Graduate			
Other			

EMPLOYMENT HISTORY			
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, may we contact your current employer?			
List below ALL of your employers during the past ten years, beginning with the most recent. Complete all requested information, even if attaching a resume. Attach separate sheets if necessary.			
Dates Employed		Name, Address and Telephone Number of Employer:	
From Mo. Yr.	To Mo. Yr.		
Salary Start End			
Position(s)			
Name and Telephone Number of Supervisor		If current supervisor, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving			

Dates Employed		Name, Address and Telephone Number of Employer:	
From Mo. Yr.	To Mo. Yr.		
Salary Start End			
Position(s)			
Name and Telephone Number of Supervisor		Reason for Leaving	

Dates Employed		Name, Address and Telephone Number of Employer:	
From Mo. Yr.	To Mo. Yr.		
Salary Start End			
Position(s)			

Explain any gap in employment for more than 30 days.

PERSONAL REFERENCES		
Please list at least two (2) persons NOT related to you who have known you for at least (5) years.		
Name	Address	Phone No.
Name	Address	Phone No.

**APPLICANT'S STATEMENT
(initial each numbered item as read)**

1. I certify that all the information I have given on this application is true and complete and that I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that failure to provide complete information or any misrepresentation in the information I provide, whether on this form or otherwise, may lead to refusal to hire me or to termination of employment.

2. I authorize inquiry into my suitability for the position for which I am being considered and I hereby give my consent to present and past employers to release the information necessary to verify my work history and hereby release my present and past employers from all liability for any damages whatsoever arising from the release of any and all information regarding my employment.

3. I understand that there is no offer of an employment contract or guarantee of minimum length of employment and that my employment and compensation can be terminated, with or without notice, with or without cause, at any time, at the option of either the firm or myself. I understand that no employee or other representative of the firm is authorized to make any other representation to employees regarding the term of my employment, and I confirm that no other representation has been made to me.

4. I understand that any offer of employment is subject to verification of employment eligibility as required by the Immigration Reform & Control Act of 1986.

5. I authorize the Firm to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.

6. I understand that the Firm is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Firm has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

7. I understand and agree that in the event of any issue or dispute arising under or involving any provision of the employee's terms of employment with the Firm or the termination of employment (except for claims for worker's compensation, unemployment insurance, and any matter within the jurisdiction of the California Labor Commissioner), the issue shall be submitted to final and binding arbitration, which is explained in more detail in the Firm's Employee Handbook.

8. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing seven (7) statements.

Signature of Applicant _____ Date: _____