

## **Employment Application**

	EMPLOYEE II	NFORMATION						
Name:	Middle	Posi	Position:					
Telephone:	Mobile:	Ema	il:					
Address:	Unit No.	City	State	Zip Code				
Are you able to perform the essential functions of the position with or without accommodations?								
If necessary for the job are you old	ler than 18? ☐ Yes ☐ No	Are you eligible for employ	yment in the U.S.?	□ Yes □ No				
Are you looking for a permanent position? ☐ Yes ☐ No		Are you looking for a temporary position? $\Box$ Yes $\Box$ No						
Are you able to work overtime?		Are you able to provide a CA Driver's License? $\square$ Yes $\square$ No						
When are you able to start?	If not, which sta	te?						
What is your expected salary/hourly rate?		Work the following shifts? $\ \square$ Day $\ \square$ Night $\ \square$ Weekends						
EMPLOYEE HISTORY								
Enter the most recent employment 10-year time-frame related to this j		mporary jobs. Include all yo	ur experience/emp	oloyers within a				
Employer Name & Address:	Position Title,	Duties, Skills:	Start Date:	End Date:				
			Reason fo	r Leaving:				
Dov. ¢								
Pay: \$ Per:	Supervisor:	Tele:						
Employer Name & Address:	· ·	Duties, Skills:	Start Date:	End Date:				
	,	,						
			Reason fo	r Leaving:				
Pay: \$	Cupanicari	Tolor						
Per: Employer Name & Address:	Supervisor:  Position Title,	Tele:	Start Date:	End Date:				
Employer Name a Address.	1 OSIGOTI TIGE,	Datics, Okins.	Otart Date.	Life Bate.				
			Reason fo	or Leaving:				
Pay: \$								
Per:	Supervisor:	Tele:	01 15 1	E 15 (				
Employer Name & Address:	Position Title,	Duties, Skills:	Start Date:	End Date:				
			Reason fo	r Leaving:				
			. (50057170					
Pay: \$								
Per:	Supervisor:	Tele:						



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EDUCATION								
High School	School Nan	ne	Years	Major/Minor	Degree			
College/University								
Business/Technical Other								
		'						
MILITARY								
Are you a veteran?   — Yes — No Duty/Specialized Training:								
SKILLS & QUALIFICATIONS								
Other qualifications such as special skills, abilities or honors that should be considered:								
Types of computers, software, and other equipment you are qualified to operate or repair:								
Professional licenses, certifications or registrations:								
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:								
SKILLS & QUALIFICATIONS								
List two personal references who are not relatives or former supervisors.								
Name	Address	Telephone		Occupation	Years Known			
EMERGENCY CONTACT								
In case of accident or illne	ess, please contact:							
Name	Telephone	Addre			Relationship			
INFORMATION TO THE APPLICANT								

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant Date

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional W failure to provide it will have no affect on your application for employment.