

## **Employment Application**

		Арр	licant l	nforma	ition			
Full Name:				Date:				
i dii i taino.	Last	First		<u> </u>		M.I.		
Addross								
Address:	Street Address						Apartment/Unit #	
	04.					State	ZIP Code	
	City					State	ZIP Code	
Phone:				Email				
Date Availal	ole:Soc	ial Security	y No.:			Desired	d Salary: <u>\$</u>	
Position Applied for:								
Are you a ci	tizen of the United States?	YES	NO	If no, a	re you a	authorized to w	YES ork in the U.S.?	NO
		YES	NO					
Have you ev	er worked for this company?			If yes, v	when?_	ALERT CONTROL		
Can you travel if required by this position?								
Are you able	e to meet the attendance	YES	NO					
Do you have any objection to working YES NO								
overtime if necessary?								
YES NO Have you ever been convicted of a felony?								
If yes, explain:								
			Educ	ation				
High Schoo	l:		Address:				20	
From:	To:	Did you g	raduate?	YES	NO	Diploma:		
College:			Address:					-/
				YES	NO			
From: To: Did y			you graduate?			Degree:		
Other:			Address:	:				
From:	То:	Did vou a	raduate?	YES	NO	Degree:		

References							
Please list thre	ee professional references.						
Full Name: _				Relationship:			
Company:				Phone:			
Address:							
Full Name:				Relationship:			
0				Phone:			
Address:							
Full Name:				Relationship:			
Campani							
Address:				Phone:			
	Current & Previo	ous Empl	oyment				
Company:		KALIFORNIA TO THE TOTAL TO THE TAXABLE PARTY.		Phone:			
Address: _				Supervisor:			
Job Title: _	Starting S						
Responsibilitie	es:						
	To:						
May we contact	ct your previous supervisor for a reference?	YES	NO				
Company:				Phone:			
Address:				Supervisor:			
Job Title: _	Starting S						
Responsibilitie	es:		J				
From: _	To:						
May we contact	ct your previous supervisor for a reference?	YES	NO				
Company: _				Phone:			
Address:				Supervisor:			
Job Title:	Starting S	Starting Salary:\$					
Responsibilitie	ae'						

From: To:	Rea	son for Leavi	ng:				
May we contact your previous supervisor for	YE or a reference?						
	Military Serv	ice					
Branch:		Fr	om:	To:			
Rank at Discharge:	ischarge: Type of Discharge:						
If other than honorable, explain:							
	Disclaimer and S	ignature					
I certify that my answers are true and complete to the best of my knowledge.							
I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.							
If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.							
I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.							
I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.							
Signature:			Date:				