

# APPLICATION FOR EMPLOYMENT

## Is An Equal Opportunity Employer

Please print in ink and answer all questions completely.

POSITION DESIRED:	WHEN CAN YOU REPORT?	SALARY DESIRED:	DATE OF APPLICATION:
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PERSONAL				
LAST NAME	FIRST	INITIAL	SOC. SEC. NO.	HOME PHONE ( )
STREET ADDRESS			APT#	CITY
			STATE	ZIP
			WORK PHONE ( )	
DO YOU HAVE RELATIVES WORKING FOR THIS COMPANY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAMES:			HOW WERE YOU REFERRED TO THE COMPANY?	
			HAVE YOU WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
ARE YOU ANTICIPATING ABSENCES AWAY FROM WORK OF ANY DURATION? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:		ARE YOU AVAILABLE TO WORK OVERTIME, IF NECESSARY? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO WORK ON WEEKENDS? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO TRAVEL? <input type="checkbox"/> NO <input type="checkbox"/> YES		
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES		FOR DRIVING JOBS <u>ONLY</u> : DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE #, STATE AND EXP. DATE:		
IF DRIVING IS A REQUIREMENT OF THE POSITION APPLIED FOR, HAVE YOU HAD YOUR LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN:				
AVAILABILITY TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME / NUMBER OF HOURS _____ <input type="checkbox"/> TEMPORARY / AVAILABLE THROUGH _____				
CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF HIRED, PROOF OF LAWFUL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED)			ARE YOU 18 OR OLDER? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF HIRED, CAN YOU FURNISH PROOF OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES

  

SCHOOL	LOCATION	CIRCLE GRADE/YEARS COMPLETED	UNIT CREDITS	DEGREE EARNED	MAJOR
HIGH SCHOOL		9 10 11 12		GRADUATED <input type="checkbox"/> NO <input type="checkbox"/> YES	
JR. COLLEGE		1 2			
COLLEGE		1 2 3 4			
BUSINESS OR TRADE SCHOOL. LIST PROFESSIONAL DESIGNATIONS:		1 2 3 4			

  

MILITARY (To Be Completed By Both Male And Female)		
HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BRANCH:	IF YES, GIVE DATES FROM: TO:	FINAL RANK:
RELEVANT SKILLS ACQUIRED:		

  

SKILLS (Check Any Of The Following Skills You Possess)	
LIST ANY FOREIGN LANGUAGES YOU KNOW. _____ _____ _____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	OTHER APPLICABLE SKILLS - CHECK THOSE THAT APPLY: <input type="checkbox"/> WORD <input type="checkbox"/> EXCEL 03/07 <input type="checkbox"/> OUTLOOK <input type="checkbox"/> POWERPOINT <input type="checkbox"/> ACCESS <input type="checkbox"/> WINDOWS XP/VISTA <input type="checkbox"/> QUICKBOOKS <input type="checkbox"/> INTERNET OTHER _____

  

ADDITIONAL INFORMATION
HAVE YOU USED ANY NAME OTHER THAN THE NAME YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAME(S) YOU USED:
AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> NO <input type="checkbox"/> YES
HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> NO <input type="checkbox"/> YES HAVE YOU EVER BEEN REFUSED BONDING? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT TYPE AND REASON:
WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL OR DRUG TEST? <input type="checkbox"/> NO <input type="checkbox"/> YES
IS THERE ANY REASON YOU BELIEVE YOU CANNOT PERFORM OR SAFELY PERFORM THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:
IS THERE ANY ACCOMMODATION THAT YOU BELIEVE CAN REASONABLY BE MADE WHICH WOULD PERMIT YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:

AN AFFIRMATIVE ANSWER TO ANY OF THESE QUESTIONS MAY NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT.

**EMPLOYMENT HISTORY**

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, USE THE SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

FIRM <i>(please start with most recent position)</i>				(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)		TITLE AND SUMMARY OF YOUR DUTIES:	
ADDRESS		CITY		STATE		ZIP	
SUPERVISOR				PHONE			
DATES OF EMPLOYMENT <i>(include month and year)</i> From:				To:		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> REASON FOR LEAVING:	
FIRM				(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)		TITLE AND SUMMARY OF YOUR DUTIES:	
ADDRESS		CITY		STATE		ZIP	
SUPERVISOR				PHONE			
DATES OF EMPLOYMENT <i>(include month and year)</i> From:				To:		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> REASON FOR LEAVING:	
FIRM				(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)		TITLE AND SUMMARY OF YOUR DUTIES:	
ADDRESS		CITY		STATE		ZIP	
SUPERVISOR				PHONE			
DATES OF EMPLOYMENT <i>(include month and year)</i> From:				To:		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> REASON FOR LEAVING:	

**REFERENCES**

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

NAME AND OCCUPATION	ADDRESS	TELEPHONE #	YEARS KNOWN
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<hr/>			
<hr/>			

INITIAL

AFFIDAVIT

\_\_\_\_\_ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the Company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

\_\_\_\_\_ I am aware that a more detailed investigation concerning background and credit may also be conducted, I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

\_\_\_\_\_ I understand that if I am extended an offer of employment, it will be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

\_\_\_\_\_ I understand depending on the nature of the position for which a job is extended, you may be required to submit to a pre-placement physical to determine whether you can perform the essential functions of the position which has been offered.

\_\_\_\_\_ I understand as part of our screening of applicants, ONEgeneration, may, without the use of an investigative consumer reporting agency, search for, review and/or obtain public records documenting, among other things, an arrest, indictment, conviction, civil judicial action, tax lien, bankruptcy, or outstanding judgment of, by or regarding you. You will also be required to submit to fingerprinting for a criminal background check with the U. S. Department of Justice and the FBI.

\_\_\_\_\_ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or the Company. I understand that the Company can change benefits, policies and conditions at any time.

\_\_\_\_\_ California Civil Code Section 1786.53(b)(1) provides that if we engage in the foregoing we shall provide you with a copy of any related public records we receive (whether in written or oral form) within seven (7) days after we receive such information. However, California Civil Code Section 1786.53(b)(2) further provides that you may waive your right to receive a copy of such public records by initialing this box. ***We request you waive your right to receive a copy of any such public record.***

*By initialing this box, I hereby waive my right under California Civil Code Section 1786.53(b)(1) and any other law or regulation to receive a copy of any public record you obtain (without the use of an investigative consumer reporting agency) regarding me as a result of any public records search. I also understand that, despite the foregoing waiver, if adverse action is taken against me as a result of information obtained during any public record search, you will provide me with a copy of that information.*

The results of any drug and alcohol screening, pre-placement physical, criminal background check, and verification of information on your application, and/or review of public records will be kept confidential

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.** I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_