



PERSONAL INFORMATION:

Date: _____ Social Security Number: _____ CDL #: _____

NAME: Last: _____ First: _____ Middle: _____

ALL NAMES USED IN THE PAST:

Last: _____ First: _____ Middle: _____

PRESENT ADDRESS:

Street: _____ City: _____ State: _____ Zip: _____

PERMANENT ADDRESS: (IF DIFFERENT)

Street: _____ City: _____ State: _____ Zip: _____

RESIDENCE ADDRESSES DURING THE PAST FIVE YEARS: From: _____ To: _____

Street: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____

Street: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____

Street: _____ City: _____ State: _____ Zip: _____

PHONE NUMBER: (____) _____ (Day Time Number) (____) _____ (Evening Number)

EMPLOYMENT DESIRED:

Date You Can Start: _____ Position: _____ What Pay Do You Expect? _____

Your Present Employer? _____ If So, May We Contact: _____ Are You Employed Now? _____

Are you available to work:

- ☐ Full-time
 ☐ Part-time
 ☐ Shift-work
 ☐ Temporary
☐ On-call
 ☐ Weekend
 ☐ Overtime

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

EDUCATION AND SKILLS:

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills or extra-curricular activities that are relevant to the job for which you are applying																	
Describe any honors, scholarships, appointments or awards that you have received																	
State any additional information you feel may be helpful to us in considering your application																	

List Professional, trade, business or civil activities and offices held. You may exclude information that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status or personal information:

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held in the past:

List any job-related professional or technical organizations to which you belong:

DRIVER'S LICENSE INFORMATION:

State: _____ Number: _____ Expiration Date: _____ Class: _____

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

U.S. Military or Naval Service? Rank: _____ Citations/Awards: _____

Yes ☐ No ☐

List any job-related skills that you learned while in the U.S. Military or Naval Service:

Are you over 18 years of age?

☐ No ☐ Yes

Have you been convicted of a crime? (Convictions will not necessarily disqualify an applicant from employment. Do not provide information about misdemeanor marijuana convictions more than 2 years old).

☐ No ☐ Yes

If yes, explain:

Have you used illegal drugs within the past three (3) weeks?

☐ No ☐ Yes

If yes, which illegal drugs did you use?

When did you use each of these drugs?

Are you currently under arrest for any crime, other than for possession of less than one ounce of marijuana more than two years ago, which has not been resolved (i.e., pending trial, etc.)?

☐ No ☐ Yes

Are you able to perform the duties of the position for which you are applying, including regular attendance?

☐ No ☐ Yes

Have you been discharged or asked to resign from a positions or a job?

☐ No ☐ Yes

Explain reasons:

REFERENCES: List Three Non-employment References Who Are Not Related to You, And Have Known You For At Least One Year.

Name	Address	Telephone Number	Years Acquainted
1.			
2.			
3.			

FORMER EMPLOYERS:**Start with your present or last job. Include any job-related military service assignments and volunteer activities.**

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Did you receive written performance evaluations from any of your prior employers?

☐ No ☐ Yes

If so, please list the employers that did such evaluations, describe the frequency of such evaluations and check the appropriate box indicating whether you signed such evaluations:

Employer	Frequency of evaluations (e.g., annual, bi-annual, etc.)	Signed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any gaps in your employment history. (Do not provide information about any physical or mental disabilities or other medical information.)

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Phone No.: _____

Street: _____ City: _____ State: _____ Zip: _____

I understand and acknowledge the following:

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
2. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
3. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.
4. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice.
5. I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of both a drug and alcohol screen and a post-offer medical examination.
6. I understand and agree that as a condition of my employment I may be required to undergo a medical examination.
7. I understand and agree that as a condition of my employment, I may be required to undergo drug testing, and any other testing to the extent permitted by applicable laws.
8. I understand and agree to arbitrate any dispute or controversy, both statutory and nonstatutory, concerning or in any way relating to my employment or prospective employment with the Company, in accordance with the rules of the Judicial Arbitration and Mediation Service or a mutually agreeable arbitrator. I further understand and agree that, as a condition of employment, I may be required to enter into an employment agreement which will, among other things, include an agreement to arbitrate all disputes arising out of my employment or the termination of my employment.

9. If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age.
10. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.
11. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.
12. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through eleven (11) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the President of the Company.

Date: _____

Signature: _____