



Return to: Human Resources  
3742 Bluebird Canyon Rd.  
Vista, CA 92084  
Phone (760) 744-8191  
Fax (760) 510-9049

## APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_ Application Date: \_\_\_\_\_

### Personal History

Name \_\_\_\_\_ Other Names Used \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone/ Cell Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_

### Education

#### A. High School

Name of High School or GED Issuer	City	State	Did you Graduate?	
			Yes	No
Years Completed 1 2 3 4 5 6 7 8 9 10 11 12 (Circle Highest Grade)				

#### B. College or University

Name of College and Location	Subject Major Minor		Number of Years Attended	Degree Received

#### C. Other Training

Name and Address of School	Study or Specialization	From	To

### Personal Declarations

1. Within the last five years, have you been fired for any reason? \_\_\_ Yes \_\_\_ No

If "Yes", give details below.

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2. Within the last five years, have you quit a job after being notified that you would be fired? \_\_\_ Yes \_\_\_ No

If "Yes", give details below.

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### Prior Employment with Altman Specialty Plants

Have you ever applied for employment with Altman Specialty Plants? ☐ Yes ☐ No If yes, what position (s)? \_\_\_\_\_ When \_\_\_\_\_

Have you ever been employed by Altman Specialty Plants before? ☐ Yes ☐ No If yes, what position(s)? \_\_\_\_\_

Dates of prior employment \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### Employment History

List previous 5 years of employment history starting with your present or most recent position. May we contact current employer? ☐ Yes ☐ No

Name, Address and Phone Number of Employer	Dates Employed From Month/Yr  To Month/Yr	Salary/Earnings Starting \$ ____ Per ____  Ending \$ ____ Per ____
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Position Held:	Supervisor Name:	Reason for Leaving:
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Description of work:

Name, Address and Phone Number of Employer	Dates Employed From Month/Yr  To Month/Yr	Salary/Earnings Starting \$ ____ Per ____  Ending \$ ____ Per ____
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Position Held:	Supervisor Name:	Reason for Leaving:
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Description of work:

Name, Address and Phone Number of Employer	Dates Employed From Month/Yr  To Month/Yr	Salary/Earnings Starting \$ ____ Per ____  Ending \$ ____ Per ____
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Position Held:	Supervisor Name:	Reason for Leaving:
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Description of work:

Name, Address and Phone Number of Employer	Dates Employed From Month/Yr  To Month/Yr	Salary/Earnings Starting \$ ____ Per ____  Ending \$ ____ Per ____
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Position Held:	Supervisor Name:	Reason for Leaving:
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Description of work:

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**Court Record**

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Have you ever been convicted of a crime? ☐ Yes ☐ No. If yes, list all such matters regardless of disposition.

**\*\* Conviction will not necessarily disqualify an applicant from employment\*\***

Date	Place and Department	Charge	Disposition	Details

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**Relatives**

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Do you have any friends and/or relatives employed by Altman Specialty Plants? ☐ Yes ☐ No. If yes, list names, relationship, position and department.

Name(s)	Relationship	Position	Department

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**Physical Data**

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Having read the job description, are you able to perform all essential elements of the position? ☐ Yes ☐ No. If no, explain below.

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**Skills (Complete only if related to the position applied for)**

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- A. Do you have a valid driver's license? ☐ Yes ☐ No State of Issue \_\_\_\_\_ B. What class license do you have? ☐ A ☐ B ☐ C
- C. Is your license ☐ Commercial ☐ Non-Commercial D. License Number(s) \_\_\_\_\_

List any special qualifications, skills or licenses you hold relevant to the position for which you are applying which are not covered elsewhere in this application, to include office equipment, construction equipment and language skills.

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**Other References**

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Other references not listed in employment history.

Yrs. Known	Complete Name	Business or Home Address	Phone Number	Business or Occupation

- A. UNDER THE IMMIGRATION CONTROL ACT OF 1986, AN EMPLOYER IS REQUIRED TO HIRE ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS. APPLICANTS WHO ARE SELECTED FOR EMPLOYMENT WILL BE REQUIRED TO SHOW AND VERIFY AUTHORIZATION TO WORK IN THE UNITED STATES, WITHIN THREE (3) DAYS OF BEGINNING WORK.
- B. I understand that I may be required to submit to such job related examinations as may be required. I also understand that I must submit to a physical examination in which includes a drug screening.
- C. Acceptance of this application is not intended to create or imply a contractual relationship. If hired, I understand I will be required to serve a probationary period during which time my job performance and conduct will be evaluated, and that my employment may be terminated if either performance or conduct is unsatisfactory. I also understand that all benefits of employment are subject to change with or without notice.
- D. I authorize investigation of all statements contained in this application for employment. I understand that false or incomplete answers may be grounds for not employing me or for dismissing me after I begin work.
- E. I certify that every answer and statement that I have made in this application is true and complete to the best of my knowledge.

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**Applicant's Signature**

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**Date**

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Altman Specialty Plants considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-disqualifying physical or mental handicap, personal appearance, political opinion, sexual orientation, labor organization affiliation, or any other legally protected status.