



An Equal Opportunity Employer

PLEASE FILL OUT APPLICATION COMPLETELY & ATTACH RESUME (Shaded areas are for office use only)

DATE _____ DATE AVAILABLE _____ CONSULTANT _____

SALARY

NAME	ADDRESS	CITY/STATE/ZIP
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HOME PHONE	BUSINESS PHONE	CELLULAR PHONE	E-MAIL ADDRESS	HOW DID YOU HEAR OF US?
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BUSINESS REFERENCES			
1) EMERGENCY CONTACT	Phone#	2) EMERGENCY CONTACT	Phone#
1) EMERGENCY CONTACT	Phone#	2) EMERGENCY CONTACT	Phone#

EDUCATION	Institution Name/City, State	Did you graduate	Years Credit	Degrees Received	Major Subject	Minor Subject	GPA Overall
HIGH SCHOOL							
COLLEGE							

LOCATION PREFERENCE OF EMPLOYMENT:

HAVE YOU EVER PLEAD GUILTY OR BEEN CONVICTED OF A FELONY? YES/NO (CIRCLE ONE)
 (IF YES, please describe the nature of the offense, and date and jurisdiction where conviction occurred.)

Note: A criminal conviction is not an automatic disqualification for all jobs, but it may affect your suitability for some positions. Exclude minor traffic violations, sealed or juvenile convictions, expunged or statutorily eradicated records, and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to California Penal Code Section 1203.4. Also exclude marijuana-related convictions occurring 2 or more years ago for violations of California Health and Safety Code Section 11357(b) or (c), or of Sections 11360(c), 11364, 11365, or 11550 as they related to marijuana prior to January 1, 1976.

EMPLOYMENT HISTORY (Starting with present position)

1) Company		Title of Last Position	How Long in This Position?	Total Years With Company
City/State	Phone	Supervisor's Name/Title		
		Name	Title	
Type of Business		Starting Salary	Ending Salary	
Dates Employed From	To	Number of Employees Dept.	Company	
		Reason for Change		
2) Company		Title of Last Position	How Long in This Position?	Total Years With Company
City/State	Phone	Supervisor's Name/Title		
		Name	Title	
Type of Business		Starting Salary	Ending Salary	
Dates Employed From	To	Number of Employees Dept.	Company	
		Reason for Change		
3) Company		Title of Last Position	How Long in this Position?	Total Years with Company
City/State	Phone	Supervisor's Name/Title		
		Name	Title	
Type of Business		Starting Salary	Ending Salary	
Dates Employed From	To	Number of Employees Dept.	Company	
		Reason for Change		

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that any offer of employment is subject to verification of employment eligibility as required by the Immigration Reform & Control Act of 1986.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration of employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the Foregoing Applicant Statement.

Signature of Applicant

Date

FOR OFFICE USE ONLY

DATE	TIME	COMPANY	RESULTS	
				TYPING/DATA ENTRY
(BELOW IS FOR OFFICE USE ONLY)				COMPUTER SKILLS
DESIRED POSITION				
INDUSTRY SPECIFIC				
BENEFITS				
MOTIVATORS				
STRENGTHS				
WEAKNESSES				
AGENCIES & COMPANIES CONTACTED				
REFERRALS				
COMMENTS, ORGANIZATIONAL STRUCTURE, ETC.				

