



EMPLOYMENT APPLICATION

100 W. California Ave.
Ridgecrest, CA 93555

DATE _____

POSITION APPLIED FOR _____

P E R S O N A L	Last Name		First	Middle	Social Security No.
	Street Address				Home Phone
	City, State, Zip				Business Phone
	Are you legally eligible for employment in the United States? <input type="radio"/> Yes <input type="radio"/> No		Will you work overtime if asked? <input type="radio"/> Yes <input type="radio"/> No		Hourly Salary Desired
	Apart from absence for religious observance, are you available for full-time work? <input type="radio"/> Yes <input type="radio"/> No If not, what hours can you work?				When will you be available to begin work?

EMPLOYMENT	This section must be completed in full. Additional resume may be attached, but not required. Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
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1	Company Name			Telephone
	Address			Employed (State Month and Year) From To
	Name of Supervisor			Monthly Salary Start Last
	State Job Title and Describe Duties and Responsibilities			Reason for Leaving

2	Company Name			Telephone
	Address			Employed (State Month and Year) From To
	Name of Supervisor			Monthly Salary Start Last
	State Job Title and Describe Duties and Responsibilities			Reason for Leaving

3	Company Name			Telephone
	Address			Employed (State Month and Year) From To
	Name of Supervisor			Monthly Salary Start Last
	State Job Title and Describe Duties and Responsibilities			Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do not contact Employer # _____
	Reason _____

E D U C A T I O N	Name & Address of Schools	Circle Last Year Completed	Graduated (Yes or No)	Degree	Major
	High School	<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="text"/>		
	College	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="text"/>		
	Other		<input type="text"/>		
List other training, special skills, or certificates that you possess					
<div style="border: 1px solid black; height: 40px;"></div>					

S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request the name and address of the agency so I may obtain from them the nature and substance fo the information contained in the report.</p>
	<p>Date _____ Signature _____</p>

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Services
	Describe your duties and any special training	Period of Active Duty (Month & Year)
		From _____ To _____
		Rank at Discharge
		Date of Final Discharge

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED			
<p>If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry mental status or physical or mental handicap or disability.</p>			
<input type="checkbox"/>	Date of Birth	<input type="checkbox"/>	Calif. Drivers Lic #
<input type="checkbox"/>	Height Ft. In.	<input type="checkbox"/>	Weight Lbs.
<input type="checkbox"/>	Marital Status;		
	<input type="radio"/> Single <input type="radio"/> Engaged <input type="radio"/> Married	<input type="checkbox"/>	Date of Marriage
	<input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed	<input type="checkbox"/>	Are you a U.S. Citizen?
<input type="checkbox"/>	Have you ever been Bonded? <input type="radio"/> YES <input type="radio"/> NO If yes with what employer?		<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/>	Have you ever been convicted of a felony? <input type="radio"/> YES <input type="radio"/> NO If yes, describe in full. State names of relatives and friends working for us other than your spouse.		
<input type="checkbox"/>	Have you received Workmen's Compensation or Disability Income payments? <input type="radio"/> YES <input type="radio"/> NO If yes, describe.		
<input type="checkbox"/>	Have you physical defects which preclude you from performing certain jobs? <input type="radio"/> YES <input type="radio"/> NO If yes, describe limitation.		