



Employment Application

1430 Hoover Ave.
National City, CA 91950
Ph: (619) 474-5491 Fax: (619) 474-0983

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

<i>Position Applying For</i>		<i>Date of Application</i>	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
<i>Address: Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone Number</i>		<i>Social Security Number</i>	
<i>Place of Birth*</i>		<i>Date of Birth*</i>	

If you are under 18 years of age, can you provide the required proof of eligibility to work? Yes ___ No ___

Have you ever been employed with us before? Yes ___ No ___

Are you currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Yes ___ No ___ *(Proof of citizenship or immigration status will be required upon employment.)*

On what date would you be available for work? _____

Are you available to work: ___ Full Time ___ Part Time ___ Shift work ___ Temporary

Have you been convicted of a felony within the last 7 years? Yes ___ No ___
(Answering yes will not necessarily disqualify an applicant from employment.)

If yes, please explain. _____

*These questions are asked for security reasons only and are answered on a voluntary basis only.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments. You may exclude organizations which indicate race, color, religion gender, national origin, handicap or other protected status. Please list employment over the past 3-5 years.

Employer		Date Employed		Work Performed
		FROM	TO	
Address				
Telephone Numbers		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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Address				
Telephone Numbers		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

EDUCATION

	High School	Trade School	University/College
School Name, City, State			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4 5
Diploma/Degree or GED			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application.			

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

References

Give name, and phone number of three references who are not related to you and are NOT previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time no to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date