



1201 West 10th Street
 Antioch, CA 94509
 Phone: (925) 757-2468
 Fax: (925) 757-8315

Application for Employment

Equal Opportunity Employer

PLEASE PRINT CLEARLY, COMPLETE ALL ITEMS

PERSONAL INFORMATION: Date: _____ Social Security Number: _____

Name: _____
 Last First Middle Phone number

Present Address: _____
 Street City State Zip

Previous Address: _____
 Street City State Zip

Age (Check one) under 16 16 or 17 18 or over

(if under 18 years of age, a work permit or certificate may be required as a condition of employment.)

Is your citizen ship of status such that you can lawfully work in the U.S.? Yes No
 Have you ever worked for any of the above companies before? Yes No If yes, when? _____

How did you learn of our organization? Walk-In Advertisement School Friend Internet Other _____

Policy prohibits the employment of relatives in the same company in a supervisory relationship. Do you have any relatives currently working with our company? Yes No If so, give the job title and location of the establishment where your relative is employed.

EMPLOYMENT DESIRED:

Position: _____

Salary Requirements: _____

Date you can start: _____

Days & hours available to work:

Check here if available any hours.
 If restrictions, Indicate available hours below.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Phone	Address	Occupation	Years known

EDUCATION	Name and Location	Course of Study	Years Completed	Graduated	Degree Received
High School					
College					
Business, Trade, Other					

GENERAL INFORMATION

Why would you like to work here? _____

Have you ever been convicted of a crime (other than minor traffic violation)? Yes No

If yes, explain number of convictions, nature of offense(s) leading to each conviction, how recently such offense(s) was/were committed, sentence(s) for each conviction, and type of rehabilitation for each conviction. _____

A conviction record is not an automatic bar to employment

FORMER EMPLOYERS: List below last three employers, starting with your present or most recent employer.
 May we contact your present employer? Yes No

Employer 1: (present or most recent)	Address		Phone Number
Employed From: To:	Rate of Pay Start: Final:	Supervisor & Title	Avg./Hrs./Wk.
Your Job Title	Description of Duties		
Reason For Leaving			
Employer 2:	Address		Phone Number
Employed From: To:	Rate of Pay Start: Final:	Supervisor & Title	Avg./Hrs./Wk.
Your Job Title	Description of Duties		
Reason For Leaving			
Employer 3:	Address		Phone Number
Employed From: To:	Rate of Pay Start: Final:	Supervisor & Title	Avg./Hrs./Wk.
Your Job Title	Description of Duties		
Reason For Leaving			

READ CAREFULLY BEFORE SIGNING

I certify that all my answers in this Employment Application are true and complete to my best knowledge, and I understand that this Application will remain active for thirty (30) days only.

I authorize the company to investigate and verify my answers and I give the company permission to contact schools, previous employers, references, and others in this investigation. I release both the company and the party providing the information from any liability for this purpose. I also release the company from any liability for providing information about my employment record to any prospective employer, government agency or other party having a legal and proper interest.

I understand that any false or misleading answer in this Employment Application or other pre-employment inquiry is grounds for rejection of my Application or immediate termination if I have been employed.

If employed, I will comply with all Company policies and rules found in any Company policy manual, employment handbook or other communication from the Company. I understand that the Company may change its policies and rules in the future without giving notice to me.

I understand that the Company may require drug and alcohol testing as a condition of employment, subject to applicable federal and state laws and I consent to any such testing.

I agree not to use or disclose outside my employment with the Company any confidential information, trade secret, or proprietary information, whatever its form, obtained in connection with my employment with the Company.

I understand that employment with the Company will be TERMINATED AT WILL, that no employment contract will be valid unless made in writing and signed by the Company's Executive Vice President of Human Resources, and that my employment may be ended at any time for any reason by me or the Company.

I HAVE READ AND UNDERSTAND THE ABOVE.

Date: _____

Applicant's Signature: _____