

Balboa's LLC

2036 N Gilbert Rd, #6
Mesa, AZ 85203

EMPLOYMENT APPLICATION

Balboa's is a proud equal opportunity employer. Our policy is to provide a respectful work environment where equal employment opportunities are available to all applicants and employees without regard to race, color, religion, gender, pregnancy, sexual orientation, gender identity or expression, age, national origin, physical or mental disability, veteran status, or any other characteristic protected by federal, state or local law.

PERSONAL INFORMATION	
NAME (First, Middle, Last)	PREFERRED NAME
ADDRESS (Number, Street, City, State Zip Code)	
TELEPHONE	EMAIL ADDRESS

	YES	NO
Were you referred by a current or past Balboa's Team Member?	<input type="checkbox"/>	<input type="checkbox"/>
If 'yes' then who: _____		
Are you under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have reliable transportation to and from work?	<input type="checkbox"/>	<input type="checkbox"/>

AVAILABILITY				
	12 - 3PM	3 - 6:30PM	6:30 -10:30PM	ANY SHIFT
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hired, when could you begin work? _____
MONTH / DAY / YEAR

EDUCATION					
Name	City, State	# Years Completed	GPA	Degree / Diploma	
High School					
College or Trade School					
Other					

WORK EXPERIENCE (last 3 latest only)

Company (Name, City, State)	Dates Employed (MM/YY)	Position / Duties	Reason for Leaving

Supervisor (Name & Telephone) _____
 May We Contact? Y [] N []

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Supervisor (Name & Telephone) _____
 May We Contact? Y [] N []

REFERENCES

List 3 School, work or personal references who we may contact. Please do not list people who are related to you.

Name	Telephone	How Long Have You Known This Person?	Relationship To You	Type of Reference
				[] School [] Personal [] Work
				[] School [] Personal [] Work
				[] School [] Personal [] Work

 (Initials) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

 (Initials) I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promise or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

 (Initials) I understand that in compliance with federal law, if hired, I will be required to verify identity and eligibility to work in the United States and to complete the required I-9 form.

 APPLICANTS SIGNATURE

 DATE