



EMPLOYMENT APPLICATION

6670 Flotilla Street, City of Commerce, CA 90040, 323-727-2005

Name:		Date: Mo/Day/Yr	Position(s) applied for:		
Address: Number		Street			
City		State		ZIP	
Telephone(s):					
List any other name, nickname, or alias you have used:					
Who referred you to us, or how did you hear about this job?					
Type(s) of employment you are seeking:			Date you can start:		
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
Education:	School name and location	No. of Years	Degree/Diploma	Major/Minor	
High School					
College			Yr		
			Yr		
Technical or trade school			Yr		
Describe any other special training you have received:					
WORK EXPERIENCE: This section must be completely filled out—a resume is not sufficient. Start with your current or most recent job , and account for all periods of employment (including full-time, part-time, and temporary) for the previous five years. Use additional pages if necessary.					
1 Company:		From: Mo / yr	To: Mo / yr	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Address:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
Position:		Supervisor's name:		EXPLANATION:	
Duties:		Phone number:			
2 Company:		Fm: Mo / yr	To: Mo / yr	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Address:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
Position:		Supervisor's name:		EXPLANATION:	
Duties:		Phone number:			
3 Company:		Fm: Mo / yr	To: Mo / yr	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Address:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
Position:		Supervisor's name:		EXPLANATION:	
Duties:		Phone number:			

4 Company:	Fm: Mo / yr	To: Mo / yr	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Address:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal EXPLANATION:
Position:	Supervisor's name:		
Duties:	Phone number:		

Explain any periods of unemployment between the jobs listed above: (Do not provide any information about physical or mental disabilities or other medical information.)

ADDITIONAL INFORMATION:

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no please describe the functions that cannot be performed
Is there any reason why you would not be able to conform to our attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe
Do you have any commitments to another entity, business or person that might affect your employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe
Can you provide proof of authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you currently use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is there anything else you would like us to know that will help us make a hiring decision?

REFERRED BY:

Full Name:	Employee ID:
Position Title:	Phone number:

PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN BELOW

I declare that the information on this application and my resume is true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment and will be justification for my dismissal from employment if discovered at a later date. _____ (initials)

I declare that I am seeking employment voluntarily and are not under threat of any penalty. _____ (initials)

I authorize the Company to investigate the information in this application and my resume, and further authorize any person or institution, including my current employer (except if noted otherwise above) to provide the Company with records, information, and opinions that may be useful in making a hiring decision, and I release all such informants from all liability for any damage that may result from furnishing information and opinion that is truthful or made in good faith. _____(initials)

If I become employed, I agree to abide by the rules, regulations, policies and procedures of the Company. _____(initials)

I understand that my employment will be at-will, and either I or the Company may terminate the employment relationship, with or without cause or notice, at any time. I understand that any oral or written statements to the contrary may be expressly disavowed and should not be relied upon by me. _____(initials)

I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work. _____(initials)

I understand that this position may require a background screening, including a credit report. _____(initials)

If offered employment, I understand that I will be required to review, complete and execute various employment documents, including but not limited to, this application, employee handbook and its receipt form, Arbitration, and confidentiality and non-disclosure agreements. I agree that the process of my being hired will not be complete until all employment documents have been signed. _____ (initials)

Signature _____ Date _____