



APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN DARK INK OR TYPE

Position Desired _____ Part time Full time Date _____

Name _____

Last

First

Middle

Present

Address

_____ No. and Street City State Zip

How long have

you lived there?

_____ Years Months

Previous

Address

_____ No. and Street City State Zip

How long did

you live there?

_____ Years Months

Home Telephone Number _____

Social Security No. _____

Cellular Telephone Number _____

Do you have a valid Driver's License? Yes No DL # _____ State of Issue: _____

Have you ever worked for this Company before? Yes No

If Yes, please give dates and position: _____

Have you been convicted of any misdemeanor or felony in the last seven years? Yes No

If Yes, please give the date(s) and details: _____

For California

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions).

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

| Present or Last Employer: | Employed: | Pay: | Your Title or Position: | Reason for Leaving: |
|---------------------------|--------------|----------|-----------------------------------|---------------------|
| _____ | From (mo/yr) | Start \$ | _____ | _____ |
| Address | To (mo/yr) | Final \$ | Name and Title of Last Supervisor | _____ |
| City, State, Zip Code | | | | _____ |
| Telephone | | | | _____ |

| | | | | |
|---|---|--|--|--|
| Present or Last Employer: _____ _____ Address _____ City, State, Zip Code _____ Telephone _____ | Employed: _____ From (mo/yr) _____ To (mo/yr) | Pay: _____ Start \$ _____ Final \$ | Your Title or Position: _____ _____ Name and Title of Last Supervisor | Reason for Leaving: _____ _____ _____ |
| Present or Last Employer: _____ _____ Address _____ City, State, Zip Code _____ Telephone _____ | Employed: _____ From (mo/yr) _____ To (mo/yr) | Pay: _____ Start \$ _____ Final \$ | Your Title or Position: _____ _____ Name and Title of Last Supervisor | Reason for Leaving: _____ _____ _____ |
| Present or Last Employer: _____ _____ Address _____ City, State, Zip Code _____ Telephone _____ | Employed: _____ From (mo/yr) _____ To (mo/yr) | Pay: _____ Start \$ _____ Final \$ | Your Title or Position: _____ _____ Name and Title of Last Supervisor | Reason for Leaving: _____ _____ _____ |

Have you ever been terminated or asked to resign from any job? Yes No If Yes please explain circumstances:

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No If No, please explain: _____

Please indicate any actual experience; special training and qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name? Yes No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

EDUCATION

| School Name | Years Completed (Circle) | Diploma/ Degree | Describe Course of Study or Major | Describe Specialized Training, Experience, Skills and Extra-Curricular Activities |
|--------------------------|--------------------------|-----------------|-----------------------------------|---|
| Elementary: | 4 5 6 7 8 | | | |
| High School: | 9 10 11 12 | | | |
| College/University: | 1 2 3 4 | | | |
| Graduate/Professional: | 1 2 3 4 | | | |
| Trade or Correspondence: | | | | |
| Other: | | | | |

USCG License Type: _____ Date Issued: _____ Passport #: (if applicable) _____

USCG License #: _____ Port of Issue: _____ FCC License Type and #: _____

Merchant Seaman's ID #: _____ Place of Issue: _____

Merchant Seaman's Rating: _____ Renewal Date: _____

Transportation Workers Identification Credential _____ Expiration Date: _____

PERSONAL REFERENCES

Please list persons who know you well -- **not** previous employers or relatives

| Name | Occupation | Address (Street, City and State) | Telephone Number | Number of Years Known |
|------|------------|----------------------------------|------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I certify that all of the information that I have provided on this application is true and accurate.

Signature of Applicant

Date



APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I hereby authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

SIGNATURE OF APPLICANT

DATE

Equal Employment Opportunity Policy: *We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state, and local laws.*



Invitation to Self-Identify for Applicants

This company is a federal government contractor subject to Executive Order 11246, as amended, which requires Government contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race and sex of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans¹, other protected veterans², and Armed Forces service medal veterans. If you are a recently separated veteran, other protected veteran, or Armed Forces service medal veteran, and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time or at any time in the future.

Submission of this information is *voluntary* and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, and Executive Order 11246, as amended. ***This information will be maintained separately from your application for employment.***

Applicant Name: _____ Date: _____

Position Applied for: _____

| | | |
|---|---|---|
| 1. Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 2a. Ethnicity: Are you Hispanic or Latino? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (see 2b below) |
| 2b. Race: If you answered "no" to question 2a, please respond below: | | |
| <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) | <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> White (Not Hispanic or Latino) |
| <input type="checkbox"/> Asian (not Hispanic or Latino) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |
| 3. Veteran Status | | |
| <input type="checkbox"/> Recently separated veteran | <input type="checkbox"/> Other protected veteran | |
| | <input type="checkbox"/> Armed Forces service medal veteran | |
| <input type="checkbox"/> I have read the invitation above and I prefer not to respond at this time. | | |

¹ *Recently separated veteran* means any veteran during the **three-year** period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

² *Other protected veteran* means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.