



671 Scirocco Drive, Yuba City, CA 95991
(530) 755-1304 (530) 755-1307 fax

Application for Employment

Print in black or blue ink.

Date: _____

Soc. Sec. No.: _____ - _____ - _____

Name: _____
Last, First Middle

Address: _____
Street

City, State, Zip Code

Telephone: _____

Message Phone: _____

Are you 18 years of age or older? Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Education

<u>Name & Address</u>	<u>Course Studied</u>	<u>Years Completed</u>	<u>Degree/Diploma</u>
Elementary & Jr. High			
High School			
College			
Technical Or Other			

Please list and additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, hobbies, etc.:

Employment History

Please list your employment history in order, starting with the most recent.

Company Name & Address	Position	Dates	Salary	Reason for Leaving

Which of these jobs did you like best? _____

What did you like most about this job? _____

Position Desired: _____ Salary Desired: _____

Date you can start: _____

How did you hear of us? _____

Do you have any relatives that are employed with us? Yes No If yes, who? _____

Is there any information that we would need to know regarding your name or use of any other name for us to be able to check your work record? Yes No If yes, please specify: _____

Have you ever been convicted of a crime? Yes No

If yes, please specify: _____

U.S. Military Service

Branch of Service: _____ From: _____ To: _____

Rank and Type of Service: _____

Training/Experience Received: _____

References

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

Name	Address	Occupation	Phone Number	Years Known

Applicant's Statement

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state and federal laws; this "employment at will" policy cannot be changed verbally or in writing unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 60 days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all information given on this application, on related papers and in interviews. I authorize all individuals, schools and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature

Date

Do not write below this line.

Interviewed by: (1) _____
(2) _____
(3) _____

Date: _____
Date: _____
Date: _____

Starting Date: _____
Classification: _____

Rate of Pay: _____

Other Comments: