

APPLICATION FOR EMPLOYMENT



Equal access to programs, services and employment opportunities is available to all persons without regard to age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation or any other basis protected by federal, state and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Position(s) Applied For:		Date of Application:		
Office Location(s): <input type="checkbox"/> MODESTO <input type="checkbox"/> PLEASANTON <input type="checkbox"/> FRESNO				
How Did You Learn About Us? <input type="checkbox"/> CRAIGSLIST <input type="checkbox"/> INDEED <input type="checkbox"/> LINKEDIN <input type="checkbox"/> WEBSITE <input type="checkbox"/> INQUIRY				
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> RELATIVE <input type="checkbox"/> FRIEND <input type="checkbox"/> CAREER FAIR <input type="checkbox"/> OTHER (PLEASE SPECIFY):				
Last Name		First Name		Middle Name
Address: Number	Street	City	State	Zip Code
Phone Number(s)		Email Address		Social Security Number
				XXX XX

Best time to contact you: MORNING EVENING OTHER: _____

If you are under 18 years of age, and it is required, can you furnish a work permit? YES NO N/A If no, please explain: _____

Are you lawfully authorized to work in the United States? YES NO

Have you ever filed an application with us before? YES NO If so, when? _____

Have you ever been employed with us before? YES NO If so, when? _____

Is this application a request for reemployment following an extended military leave of absence from this company? YES NO If yes, additional information may be requested.

Do any of your friends or relatives (other than spouse) work here? YES NO If yes, who? _____

Are you currently employed? YES NO If so, may we contact your present employer? YES NO

Date Available for work: _____ What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Type of employment desired: FULL TIME PART TIME TEMPORARY Are you currently on "lay-off" status and subject to recall? YES NO

Can you relocate if job requires it? YES NO Can you travel if job requires it? YES NO

If they have been explained to you, are you able meet the attendance requirements of the position? YES NO N/A

Will you work overtime if required? YES NO If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

YES NO Need more information about the job's "essential functions" to respond.

Driver's license number (if driving may be required for the job for which you are applying): DL# _____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?

YES NO If **yes**, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer:	Phone Number:
Address:	
Job Title:	Supervisor:
Responsibilities:	
From: To:	Reason for Leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer:	Phone Number:
Address:	
Job Title:	Supervisor:
Responsibilities:	
From: To:	Reason for Leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer:	Phone Number:
Address:	
Job Title:	Supervisor:
Responsibilities:	
From: To:	Reason for Leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Educational Background

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or personal references who are not related to you.

Name	Phone Number	Email	Occupation
1.			
2.			
3.			

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all right and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided and obtained in conjunction with this application for employment. My personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation or any other basis protected by federal, state and/or local law.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date