



EMPLOYEE APPLICATION

626 N. Main Street
Templeton, CA 93465

ph: 805-434-3800
fax: 805-434-9051

Our Company provides equal employment opportunities to all employees and qualified applicants for employment without regard to age, color, national origin, physical or mental disability, race, religion, religious dress or grooming practices, gender, gender identity or gender expression, sex, sexual orientation, marital status, genetic information, military or veteran status, pregnancy, or any other characteristic protected by federal, state or local law.

Date:	Position for which you are applying:	

PERSONAL INFORMATION

First Name	MI	Last	Home Phone
Street Address			Mobile Phone
City	State	Zip Code	Email

Are you legally eligible for employment in the U.S.A.? If offered employment, you must present proof of identity and employment authorization.

Yes No

Have you ever been employed by our Company? If "Yes" list dates, position and supervisor:

How or by whom were you referred to this company? List below:

Type of work for which you are applying:	Can you work weekends and other shifts? Indicate times you cannot work:
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other: _____	

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes ___ No ___
If no, describe the functions that cannot be performed:

DRIVING OWN AND/OR COMPANY VEHICLE FOR WORK USE [Complete only if applying for a position that requires you to drive.]

Driver License Number:	Has your license been suspended or revoked in the past five years? If "yes" explain:

Have you been convicted of a moving violation within the past five years? If "yes" explain:

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EXPERIENCE

Begin with the most recent employer.

Employer	Address			From (Mo. /Yr.)	To (Mo. /Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.		
Starting Position	Current or Last Position Held				
Description of Duties:				Reason for Leaving	
				May we contact this employer?	
Employer	Address			From (Mo. /Yr.)	To (Mo. /Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.		
Starting Position	Current or Last Position Held				
Description of Duties:				Reason for Leaving	
				May we contact this employer?	
Employer	Address			From (Mo. /Yr.)	To (Mo. /Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.		
Starting Position	Current or Last Position Held				
Description of Duties:				Reason for Leaving	
				May we contact this employer?	

EDUCATION AND SKILLS

High School Attended	City	State	Did You Graduate?

OTHER EDUCATIONAL INSTITUTIONS ATTENDED

Name	City	State	Zip Code
Degree Major/Minor or Field of Specialty	Did you Graduate?	Degree/Certificate Attained	
Name	City	State	Zip Code
Degree Major/Minor or Field of Specialty	Did you Graduate?	Degree/Certificate Attained	

List licenses, certifications, and foreign language proficiency, if job-related:

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List office machines: calculators, computers, and software applications used (indicate your typing and/or data input speed):

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List Skills: (Systems and Data Management, Programming/Software Design, Web Tools, Computer Hardware, etc.):

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Provide information re: community activities, professional, trade or service organizations to which you belong, which you believe may demonstrate your job-related abilities (You may exclude any which indicate race, color, religion, sex, national origin, age, disability or status as a Vietnam-era or disabled veteran).

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PROFESSIONAL REFERENCES

List employers, colleagues, and associates familiar with your professional ability and who may be contacted. Do not list relatives and friends.

Name	Occupation	Phone
Street Address	City, State, Zip	Email
Name	Occupation	Phone
Street Address	City, State, Zip	Email

THE STATEMENTS BELOW ARE PART OF THE APPLICATION PROCESS. PLEASE READ CAREFULLY.

I certify that the answers on this application are true and complete. In submitting this application for employment, I authorize investigation of all statements contained herein. I understand that any misrepresentation or omission of pertinent facts that would otherwise make me ineligible for consideration, discovered now or in the future, will be sufficient cause for cancellation of the application and/or separation from the Company's service, if I have been employed. I hereby authorize any person or organization whose name I have given as a reference or by whom I have been previously employed, to furnish this Company or its representatives, any information concerning me, with respect to my qualifications as an employee. I hereby release all such persons and organizations from any claims for damages arising as a result of the good faith disclosure of such records or information.

The Fair Credit Reporting Act requires that applicants know that a routine inquiry may be made which will provide job-related information concerning character and reputation. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that I may be required to submit to a physical examination to determine my fitness for the work to be performed after a conditional offer of employment is made and prior to beginning work. I further understand that the Company may require me to submit to a test for the presence of drugs or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I understand that should I decline to sign the consent or decline to submit to any tests, my application for employment may be rejected or my employment may be terminated.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and further agree that my employment and compensation can be terminated at any time, with or without cause or notice, at the option of either the Company or myself. I understand that no representatives of the Company, other than the President, CEO, or Owner, have any authority to enter into any such agreement contrary to the foregoing. Furthermore, I understand and agree that any such agreement entered into by the President, CEO, or Owner will not be enforceable unless it is in writing.

YOUR PRIVACY IS IMPORTANT TO OUR COMPANY. PLEASE DO NOT LEAVE YOUR APPLICATION WITH ANYONE NOT DIRECTLY RESPONSIBLE FOR REVIEWING THIS APPLICATION.

I CERTIFY BY MY SIGNATURE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AS STATED ABOVE.

APPLICANT'S SIGNATURE

DATE: