



7899 La Tijera Blvd., Los Angeles, CA 90045 Ph: (310) 645-9222 Fax: (310) 645-4201

Applicant Name: _____

Contact Information

Home Phone: _____

Other Phone: _____

Street Address: _____

City, State, Zip Code: _____

Email Address: _____

How were you referred to the company? _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

1) Regular part-time work? Yes No

2) Regular full-time work? Yes No

What days and hours are you available for work? _____

If hired, on what date can you start working? ____ / ____ / ____

What is the latest time of day you can work? _____

Are you available to work overtime? Yes No

Salary desired: \$ _____

Personal Information

Have you ever applied to/ worked for this company before? Yes No

If yes, please explain (include dates of employment): _____

Do you have any friends, relatives, or acquaintances currently working for this company?

Yes No

If yes, state name and relationship: _____

If hired would you have transportation to/from work? Yes No

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)

Yes No

If hired, would you be able to present evidence of your citizenship or proof of your legal right to work in the United States? Yes No

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: _____

(Note: This company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (Felony or Misdemeanor)? Yes No
If yes, please describe the crime – state nature of the crime(s), when and where convicted, and disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training, and Experience

High School

School Name: _____
Street Address: _____
City, State, Zip Code: _____
Number of years completed: _____
Did you graduate? Yes No
Degree / diploma earned: _____

College / University / Vocational School

School Name: _____
Street Address: _____
City, State, Zip Code: _____
Number of years completed: _____
Did you graduate? Yes No
Degree / diploma earned: _____

College / University / Vocational School

School Name: _____
Street Address: _____
City, State, Zip Code: _____
Number of years completed: _____
Did you graduate? Yes No
Degree / diploma earned: _____

Military

Branch of Military: _____
Rank in Military: _____
Total Years of Service: _____
Skills/Duties: _____
Related details: _____

Employment History

Are you currently employed? Yes No
If you are currently employed, may we contact your employer? Yes No

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____
Name of Supervisor: _____
Phone Number: _____
Business Type: _____
Street Address: _____
City, State, Zip Code: _____
Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? Yes No

Name of Employer: _____
Name of Supervisor: _____
Phone Number: _____
Business Type: _____
Street Address: _____
City, State, Zip Code: _____
Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? Yes No

Name of Employer: _____
Name of Supervisor: _____
Phone Number: _____
Business Type: _____
Street Address: _____
City, State, Zip Code: _____
Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? Yes No

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances of hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. **X** _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. **X** _____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation. **X** _____

Applicant's Signature: _____

Date: ____ / ____ / ____