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15392 Cobalt St. Sylmar, CA 91342-2729

EMPLOYMENT APPLICATION

GENERAL DATA

Last Name		First Name			Middle Name		
Have you ever used another name? ___Yes___No							
If yes, please specify for your purposes of reference check:							
Permanent Address		Number	Street		City	State	Zip Code
Years at above Address				Home Telephone Number			
				()			
Position Applying For					Date of Application		
Full Time or Part Time				Shift or Hours Preferred			
Social Security Number				Driver's License Number (if applicable)		Expiration Date	

If employed in the position for which you have applied, would you be in supervisory or subordinate relationship to any relative of your household? [] Yes [] No

PERSONAL DATA

Person to notify in case of an Emergency:		Name		Home Telephone Number			
				()			
Present Address		Number	Street		City	State	Zip Code
<i>How did you learn of this job opening?</i>							
[] Advertisement	[] Friend	[] Walk-In					
[] Employment Agency	[] Relative	[] Other	_____				

List membership in professional organizations, which you feel, would enhance your application.
You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.

WORK EXPERIENCE

Last/Present Employer	<i>Length of Service (Dates)</i>		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			
May we contact now? ___ Yes ___ No (if still employed)			
Employer	<i>Length of Service (Dates)</i>		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			
May we contact now? ___ Yes ___ No (if still employed)			
Employer	<i>Length of Service (Dates)</i>		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			
May we contact now? ___ Yes ___ No (if still employed)			

If under 18 years of age, can you after employment, submit a work permit?

[] N/A [] Yes [] No

Have you ever been convicted of a crime other than traffic citations? [] Yes [] No
 If "Yes" please explain:

Note: Conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

SKILLS

Typing Speed (wpm):	Shorthand (wpm):
Machines Operated:	
<hr/> <hr/>	
Other Training /Skills (include bilingual ability if relevant to the position for which you are applying):	
<hr/>	
Branch of Military Service:	State Dates: From: To:
State relative skills acquired during military service: _____	
<hr/>	

PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License Number:	Expiration Date:	Type of License:	State:
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Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? [] Yes [] No

If "Yes," please explain: _____

EDUCATION

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL OR OTHER
Name			
Address			
Number of Years			
Course or Major			
Diploma/Degree			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the company unless I have indicated on the contrary. Further, I understand that falsification or omission of any material information on this application if I received a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is "at-will," that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurance of continued employment, whether written, oral or by conduct, shall be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

By: _____
Signature of Applicant

Date

FOR COMPANY USE ONLY

Interviewed: Yes No

Remarks: _____

Employed: Yes No Starting Date: _____

Job Title: _____ Salary: _____ Dept: _____

By: _____
Name and Title

Date

APPLICANT IDENTIFICATION RECORD

TO THE APPLICANT: The information requested on this form is required by the Department of Fair Employment and Housing. The employers in California are required to keep these records on file for a period of two years. For your protection, the employers are ordered to store the records in a different location way from your application. The information is for data purposes only, and voluntary on your part.

Name: _____ SEX: _____ Date: _____

Position Applied for: _____

PLEASE CHECK ONE

RACE/COLOR

NATIONAL ORIGIN/ANCESTRY

Native American _____

Hispanic _____

Black _____

Filipino _____

Asian _____

Polynesian _____

Caucasian _____

Mexican American _____

Other _____

Other Nat. Origin _____

THANK YOU FOR YOUR COOPERATION!

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Consent for Release of Information

Please fill the following information for background identification purposes:

- Name (as It appears on your drivers license or I.D card)

Print

First

Middle

Last

- Indicate any other names you have used, not listed on your employment application or resume (Maiden name, other married names, nicknames, etc.)

Print

- Please list all addresses you have lived in the last 7 years, include the street number, street name, city and zip code.

Present

Previous:

-
-
-
-

Social Security # _____ Month/Date of Birth _____

Driver's License/I.D # _____ State: _____

I am a citizen of (name of country): _____

I certify that I have reviewed the forgoing information supplied by me and that it is true and correct to the best of my knowledge in accordance with the privacy Act, Freedom of information Act, and the Fair Credit Reporting Act. I expressly authorize the background company and any personal associated with any Educational Institute Past or Present Employer, Law Enforcement Agency, Court, or Credit Reporting Agency to RELEASE this information to the background agency for the purpose of being considered for employment. I RELEASE the background Company and all persons from liability of furnishing the forgoing information. I also authorize that a copy of this RELEASE be as valid as an original.

Signature: _____