



6160 Enterprise Dr., Suite A  
Diamond Springs, CA 95619  
(530) 622-7684

## APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Type of work for which you wish to be considered \_\_\_\_\_

What source led you to make application with us? \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your complete employment history. List present or most recent employer first. Use additional page, if necessary.

Employer	Employed (Mo./Yr.)  From:  To:	Type of work performed	Present or last salary	Reason for leaving
Address/City/State/Zip				
Name of Supervisor				
Employer	Employed (Mo./Yr.)  From:  To:	Type of work performed	Present or last salary	Reason for leaving
Address/City/State/Zip				
Name of Supervisor				
Employer	Employed (Mo./Yr.)  From:  To:	Type of work performed	Present or last salary	Reason for leaving
Address/City/State/Zip				
Name of Supervisor				

## EDUCATION

Schools:	Name & Location of School	Circle Last Year Completed	Major Courses	Diploma or Degree?
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade School		Months Attended		

If you served in the United States Armed Forces, briefly describe the skills you acquired \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL INFORMATION

Are you legally authorized to work in the U.S.?      Yes \_\_\_\_\_ No \_\_\_\_\_

(NOTE: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.)

Name, address and telephone number of someone other than a household member we can contact in case of an emerge \_\_\_\_\_

Have you ever been convicted of a crime (felony)?    Yes \_\_\_\_\_ No \_\_\_\_\_ (A conviction does not automatically bar you from employment)  
If Yes, give details \_\_\_\_\_

If you are an experienced operator of any office machines or equipment, please list \_\_\_\_\_  
\_\_\_\_\_ Typing Speed? \_\_\_\_\_ wpm                      Shorthand \_\_\_\_\_ wpm

Do you have any other skills you wish to mention? \_\_\_\_\_  
\_\_\_\_\_

Are you presently employed?    Yes \_\_\_\_\_ No \_\_\_\_\_ If so, may we contact your present employer?    Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, when would you be available? \_\_\_\_\_ Salary Requirements? \_\_\_\_\_

REFERENCES:

Name of Reference \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Reference \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Reference \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

\*For additional references, please attach a separate sheet.

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I certify that answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I authorize the companies, school or persons named above to give any information requested regarding my employment, character and qualification. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_