



EMPLOYMENT APPLICATION

100 W. California Ave.
Ridgecrest, CA 93555

DATE _____

POSITION APPLIED FOR _____

P E R S O N A L	Last Name		First	Middle	Social Security No.
	Street Address				Home Phone
	City, State, Zip				Cell Phone
	Are you legally eligible for employment in the United States? <input type="radio"/> Yes <input type="radio"/> No		Will you work overtime if asked? <input type="radio"/> Yes <input type="radio"/> No		Hourly Salary Desired
	Apart from absence for religious observance, are you available for full-time work? <input type="radio"/> Yes <input type="radio"/> No If not, what hours can you work?				When will you be available to begin work?

E-mail address _____

EMPLOYMENT	This section must be completed in full. Additional resume may be attached, but not required. Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
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1	Company Name	Telephone
	Address, City State and zip code	Employed (State Month and Year) From To
	Name of Supervisor	
	State Job Title and Describe Duties and Responsibilities	Reason for Leaving

2	Company Name	Telephone
	Address, City State and zip code	Employed (State Month and Year) From To
	Name of Supervisor	
	State Job Title and Describe Duties and Responsibilities	Reason for Leaving

3	Company Name	Telephone
	Address, City State and zip code	Employed (State Month and Year) From To
	Name of Supervisor	
	State Job Title and Describe Duties and Responsibilities	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do not contact Employer #
	Reason

E D U C A T I O N	Name & City of Schools	Circle Last Year Completed	Graduated (Yes or No)	Degree	Major
	High School	<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="text"/>		
	College	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="text"/>		
	Other		<input type="text"/>		
List other training, special skills, or certificates that you possess					
<div style="border: 1px solid black; height: 40px;"></div>					

S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request the name and address of the agency so I may obtain from them the nature and substance fo the information contained in the report.</p>
	<p>Date <input style="width: 100px;" type="text"/></p> <p style="text-align: right;">Signature _____</p>

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Services
	Describe your duties and any special training	Period of Active Duty (Month & Year)
		From To
		Rank at Discharge
		Date of Final Discharge