



**APPLICATION FOR EMPLOYMENT  
CALIFORNIA ONLY**

**This Application is good for 60 days.**

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in considering you for a position. This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, national origin, age, disability, or any other applicable protected class.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

**PERSONAL**

(Please Print)

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

Position applied for: \_\_\_\_\_

Desired Salary Range: \_\_\_\_\_

Type of employment preferred: \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ temporary

Date you are available for work: \_\_\_\_\_

Are you 18 years or older?  Yes  No

If hired, can you provide written evidence that you are authorized to work in the U.S.?  Yes  No

Were you previously employed by us?  Yes  No If so, when? \_\_\_\_\_

Have you previously applied for work with us?  Yes  No If so, when? \_\_\_\_\_

How were you referred to our company? \_\_\_\_\_

Do you have any relatives employed by our company? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?  Yes  No

## EDUCATION

Name & Address of School	Course of Study	Years Completed	Diploma/Degree
<b>High School</b>			
<b>College</b>			
<b>Technical or Other</b>			
<b>Certifications, Licenses, etc.</b>			

## EMPLOYMENT HISTORY

Are you currently employed?  Yes  No

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

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

1) Name of Employer: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Position Title & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

2) Name of Employer: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Position Title & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

3) Name of  
Employer: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Position Title & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

4) Name of  
Employer: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Position Title & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

5) Name of  
Employer: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Position Title & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

## U.S. MILITARY SERVICE

Were you in the U.S. Armed Forces?     Yes     No    If yes, what branch? \_\_\_\_\_  
 Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_    Rank at Discharge? \_\_\_\_\_  
 List the duties in the service including special training: \_\_\_\_\_

### REFERENCES

**Please list four references that are not relatives.**

Name & Phone	Occupation	Relationship	Years Known
Name: Phone:			
Name: Phone:			
Name: Phone:			
Name: Phone:			

### APPLICANT'S STATEMENT

I hereby authorize Company to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the Company and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate my employment at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that if hired, regardless of any oral representations to the contrary, my relationship to the Company will remain at will, and that any changes to this at will employment relationship must be made in writing, signed by the Company President.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

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

# This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at [www.justice.gov/crt/osc](http://www.justice.gov/crt/osc).

## E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

**888-897-7781**

**[www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)**

**NOTICE:**  
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



**E-VERIFY IS A SERVICE OF DHS AND SSA**

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## IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have the legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

- In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.
- Employers cannot reject documents because they have a future expiration date.

- Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

- In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

If any of these things have happened to you, contact the Office of Special Counsel (OSC).

For assistance in your own language:  
Phone: 1-800-255-7688 or (202) 616-5594  
For the hearing impaired:  
TTY 1-800-237-2515 or (202) 616-5525

E-mail: [oscrt@usdoj.gov](mailto:oscrt@usdoj.gov)

Or write to:  
U.S. Department of Justice – CRT  
Office of Special Counsel – NYA  
950 Pennsylvania Ave., NW  
Washington, DC 20530

**U.S. Department of Justice  
Civil Rights Division**

**Office of Special Counsel for  
Immigration-Related Unfair  
Employment Practices**



[www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc)