



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

LOCATIONS: **BRENTWOOD**
ANTIOCH
PITTSBURG
OAKLEY

8900 Brentwood Blvd, Suite J, Brentwood, CA 94513
 501 Sunset Drive, Antioch, CA 94509
 125 East Leland Road, Pittsburg, CA 94565
 3100 Main Street, Suite 266, Oakley, CA 94561

PERSONAL INFORMATION

Last Name	First Name	Middle Initial									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Present Address</td> <td style="width:5%;">No.</td> <td style="width:15%;">Street</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:10%;">Zip</td> <td style="width:15%;">Home Phone No.</td> <td style="width:15%;">Business Phone No.</td> <td style="width:10%;">Cell phone</td> </tr> </table>			Present Address	No.	Street	City	State	Zip	Home Phone No.	Business Phone No.	Cell phone
Present Address	No.	Street	City	State	Zip	Home Phone No.	Business Phone No.	Cell phone			
Email Address: _____											
Permanent Address, if different from present address: _____											
If hired, can you provide proof that you are legally able to work in the United States? <input type="radio"/> Yes <input type="radio"/> No											
How were you referred to us?											
<input type="radio"/> Advertisement <input type="radio"/> Employee <input type="radio"/> Employment Agency <input type="radio"/> Walk-in/unsolicited email <input type="radio"/> Website <input type="radio"/> Other _____											
Have you ever been convicted of a criminal offense, felony or misdemeanor (exclusive of any marijuana related conviction over two years old; any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; or any arrest for which a pretrial diversion program has been successfully completed? If yes, please state nature of offense(s), date(s), city and state and disposition. <i>Note: An affirmative answer will not necessarily result in disqualification for employment.</i> <input type="radio"/> Yes <input type="radio"/> No											
List any relatives or friends employed by the Firm: _____ Relationship: _____											

EMPLOYMENT

Position Desired: _____	Salary Desired: _____
Check appropriate box for type of employment:	
<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Temporary	
What days and hours are you available for work? _____	
Are you available for overtime? <input type="radio"/> Yes <input type="radio"/> No When are you available to begin work? _____	
Are you over 18 years of age? <input type="radio"/> Yes <input type="radio"/> No If under 18, can you provide a work permit? <input type="radio"/> Yes <input type="radio"/> No _____	
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="radio"/> Yes <input type="radio"/> No	
If no, describe the functions that cannot be performed: _____	
From time to time, the company may obtain information about you from public records. If you wish to waive your right to receive a copy of any public record obtained, check the following box: []	

GENERAL SKILLS

Many of our [customers/clients/patients] do not speak English. Do you speak, write or understand any foreign language?

Yes No If yes, which language(s): _____

Operate Personal Computer? Yes* No *Types of Software: _____

List other office machines you can operate: _____

Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? _____

RETAIL HARDWARE SKILLS

<input type="checkbox"/> POS SYSTEM	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> KEY CUTTING MACHINE	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> PAINT MIXING MACHINE	<input type="checkbox"/> BUILDING CONSTRUCTION
<input type="checkbox"/> PIPE CUTTING MACHINE	<input type="checkbox"/> FORKLIFT OPERATION
<input type="checkbox"/> OTHER SKILLS: _____	

EDUCATION

Type of School	Name and Location of School	No. of Years Completed	Graduated?		Degree(s) or Diploma(s)	Major Field(s) of Study
			Yes	No		
High School or Trade School						
Business or Tech. School						
Jr. College and/or University						
Other Training (Explain)						

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

Positions Held

Company Name	Dates Employed <i>From</i> <i>To</i>	Starting Salary ----- Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> <i>To</i>
City, State, Zip Code	Specific Job Duties: 1. _____ 2. _____ 3. _____	
Telephone No.		
Supervisor		
Is this your current employer? <input type="radio"/> Yes <input type="radio"/> No	Reason for leaving?	
May we contact this employer? What is the most important skill you demonstrated on this job? <input type="radio"/> Yes <input type="radio"/> No		

EMPLOYMENT HISTORY - Continued

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary - Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____
City, State, Zip Code	Specific Job Duties: 1. _____ 2. _____ 3. _____	
Telephone No.		
Supervisor		
Is this your current employer? <input type="radio"/> Yes <input type="radio"/> No		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	What is the most important skill you demonstrated on the job?	

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____
City, State, Zip Code	Specific Job Duties: 1. _____ 2. _____ 3. _____	
Telephone No.		
Supervisor		
Is this your current employer? <input type="radio"/> Yes <input type="radio"/> No		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	What is the most important skill you demonstrated on this job?	

PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment within the last seven (7) years, beginning with your most recent period of unemployment.

Dates Unemployed	Reason for unemployment
From _____ To _____	
Dates Unemployed	Reason for unemployment
From _____ To _____	
Dates Unemployed	Reason for unemployment
From _____ To _____	

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? <input type="radio"/> Yes <input type="radio"/> No
If yes, please describe: _____ _____ _____

PERSONAL REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

Name	Address	Phone No.
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Name	Address	Phone No.
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APPLICANT'S STATEMENT

(Initial each numbered item as read)

- ___ 1. The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
- ___ 2. I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
- ___ 3. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
- ___ 4. I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
- ___ 5. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
- ___ 6. I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, express or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
- ___ 7. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing seven (7) statements.
- ___ 8. I understand that this application will no longer be active and will receive no further consideration once the position for which I am applying has been filled.

Date: _____

Signature of Applicant

Please Print Name