



APPLICATION FOR EMPLOYMENT

We are an "at-will," equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or martial status. Offers or employment may be contingent on applicant passing a job-related physical examination and/or a skills and agility test.

PERSONAL INFORMATION			
Last Name	First Name	Middle	Social Security #
Address		City	State
Phone #	Position & Wage Desired	Date you can start	Zip
Are you 18 or older?			
EDUCATION		NAME AND LOCATION	Grades Completed - Graduate?
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS			
FORMER EMPLOYMENT			
List below your last employers or major periods of employment, (1 month or more) starting with the last one first			
Date Month Year	Name, Address and Phone # or Former Employer and/or List Periods of Unemployment	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			
References:			
List below three persons not related to you, whom you have known at least one year			
Name	Address/Phone	Position	Years Acquainted
Are you able to preform the task of the job applied for ?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
(This may be with or without accommodation.)			
<p>Certification: I certify that I am eligible to work in the United State and I certify that I have given true, accurate and complete information on this form to the best of my knowledge.</p> <p>I authorize investigation on all statements contained in this application. I under stand that misrepresentation, or the omission of any information requested in this application process, may result in dismissal. I authorize all former employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications.</p> <p>Further, I understand and agree that my employment is "at will," which is nor no definite period and may, regardless of the method of payment of my wages or salary, be terminated at any time without cause and without nay pervious notice.</p> <p>I accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employment disputes.</p>			
Signature and Date	I-9 Form	Physical/Drug Test	CA Drivers License #
In Case of Emergency Notify:			
Name/Address/Phone _____			
Note: Applications are effective for a period of 60 calendar days. Re-apply to maintain an effective application.			
983 EAST LEVIN AVENUE TULARE, CA 93274 (559) 686-9572 Fax (559) 686-0323			