

PERSONAL

Last Name	First	Middle Initial	
Other Names(s) Used	Home Telephone #		E-Mail Address
Address	City	State	Zip
Business/Message/Cell Telephone #			
Required Driver's License Information:		Do you have a Valid Driver's License? ☐ Yes ☐ No	
State Issuing License	License #	Expiration Date	Class Type
Have you ever applied with the Company or its Affiliates before? ☐ Yes ☐ No		If yes, list date(s), and job title(s)	
Have you ever been employed by the Company or its Affiliates before? ☐ Yes ☐ No		If yes, list date(s), job title(s) and location(s)	
Do you have any relatives employed by the Company or its Affiliates? ☐ Yes ☐ No		If yes, list name(s)	
Are you at least 18 years old? ☐ Yes ☐ No		If you are under age 18, do you have a work permit? ☐ Yes ☐ No	
Do you have the legal right to work in the United States? ☐ Yes ☐ No		If yes, are you able to provide proof of identity? (Proof of identity and right to work in the U.S. is a condition of employment) ☐ Yes ☐ No	
Will you be able to perform the essential job functions for the position that you are applying for with or without reasonable accommodation? ☐ Yes ☐ No		If no, please explain:	

EMPLOYMENT INTERESTS

Position Desired or Area of Interest	Second Choice	Date Available	Salary Expected
Type of employment you are seeking ☐ Full-time ☐ Part-time ☐ Temporary ☐ Summer		Shifts you can work ☐ Day ☐ Swing ☐ Night	
How were you referred to our organization? ☐ Advertisement ☐ Agency ☐ Employee ☐ Job Board ☐ Self ☐ Other: _____			Referred by

EDUCATION / U.S. MILITARY SERVICE

School	Address	Major Studies	Degree, Diploma, License, or Certificate
High School			
College/University			
Vocational, Business, Other			
Honors/Awards Received	Professional Certificates/Licenses Held	Are you taking any Educational Course presently? ☐ Yes ☐ No If yes, what/where?	
Present Community and Professional Affiliations Held <i>You may exclude affiliations which may indicate race, color, ancestry, sex, handicap, religion, age, or national origin</i>			
U.S. Military duties and special training which you believe are relevant to the position(s) desired			
List all machines or tools you are proficient in operating			

REFERENCES

List people we may contact who are qualified to evaluate your capabilities (DO NOT include relatives)

Name							
	Address	City	State	Zip	Telephone	Occupation	Years Known

List all employers in the past 10 years, starting with the most recent. All information must be completed. You may attach a resume, but not in place of completing the required information.

EMPLOYMENT HISTORY

Employer Name (current or last)		Employer Address			Employers Telephone Number		
Job Title		Supervisor's Name & Title		Type of Business		Dates Employed (Month/Year) From To	
Description of Duties				Reason for Leaving		May we contact employer? ☐ Yes ☐ No	
Employer Name (current or last)		Employer Address			Employers Telephone Number		
Job Title		Supervisor's Name & Title		Type of Business		Dates Employed (Month/Year) From To	
Description of Duties				Reason for Leaving		May we contact employer? ☐ Yes ☐ No	
Employer Name (current or last)		Employer Address			Employers Telephone Number		
Job Title		Supervisor's Name & Title		Type of Business		Dates Employed (Month/Year) From To	
Description of Duties				Reason for Leaving		May we contact employer? ☐ Yes ☐ No	
Employer Name (current or last)		Employer Address			Employers Telephone Number		
Job Title		Supervisor's Name & Title		Type of Business		Dates Employed (Month/Year) From To	
Description of Duties				Reason for Leaving		May we contact employer? ☐ Yes ☐ No	

GENERAL

- ☐ Yes ☐ No If hired, will you be available to work any overtime (if necessary)?
- ☐ Yes ☐ No If hired, will you be available to travel to various job sites throughout Southern California?
- ☐ Yes ☐ No Any certifications (e.g., OSHA 10/30, Aerial Lift, Scaffolding, Industrial Forklift, LEED, Rough Terrain Lift, Fall Protection, CPR, ETC)?
If yes, list certifications and provide proof _____

CERTIFICATION & AUTHORIZATION

The information on this application and any attached resume is true and correct to the best of my knowledge. Should I become employed by the Company, I agree that: failure to abide by Company rules and regulations, failure to pass any Company physical examination, and misleading or falsification of any information given by me in the application or in other company documents, including an attached resume, will entitle the Company to terminate my employment.

I authorize the Company to inquire into my educational, professional, and history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made based on such information. I further authorize the Company to obtain background reports, and credit and consumer report (if applicable, pursuant to Section 1024.5 of the California Labor Code).

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with the Company is intended to create an employment contract between myself and the Company, under which my employment could be terminated only for cause. On the contrary, I understand and agree that if hired my employment will be "at-will," and I may resign such employment at any time, at my discretion, with or without prior notice and the Company may transfer, reassign, suspend, demote me, or otherwise amend our employment relationship or terminate my employment at any time, at its discretion, with or without cause and with or without prior notice. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide the original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of the form I-9.

I hereby acknowledge that I have read and agreed to the above statements.

Signature

Date