



Application for Employment
An Equal Opportunity Employer

Date: _____

Personal Information: please print in pen or type

| | | | |
|--|-------------------------------------|--------------------------|---|
| Name: Last | First | Middle | Are you fun, outgoing, and hardworking? |
| Address: | City | State | Zip |
| Home Phone: | | Daytime / Message Phone: | |
| Are you at least 18 years of age? Yes No | Can you submit proof of age? Yes No | | |
| Emergency contact Name/Address/Phone: | | | |

Employment Desired:

| | |
|---|---|
| What type of work are you interested in? | Wage Desired? |
| Referred By? | Date available to start? |
| Are you currently employed? Yes No | If yes, may we contact current employer? Yes No |
| Availability: (Circle Locations you are able to work) | Azusa Corona Covina Moreno Valley Ontario Rancho Cucamonga Upland |
| Mon: | Tues: Wed: Thurs: Fri: Sat: Sun: |

General Information:

| | |
|--|---------------------|
| Have you ever worked for this company before? Yes No | If so, where? _____ |
| Have you ever been convicted of a felony? Yes No | If yes, explain: |
| If hired, can you provide proof of eligibility to work in the United States prior to starting work? Yes No | |

Educational History:

| School | Name and Location | Major | Level or Years completed | Type of degree/certificate |
|-----------------|-------------------|-------|--------------------------|----------------------------|
| High School | | | | |
| College / Other | | | | |

Employment History : (Begin with most recent employer and list all jobs held in the last five years.)

| | | | |
|------------------------|--------------|---|------------------------|
| From: mo yr | To: mo yr | Employers name and complete address: (Company name, Street No., City, State, Zip) | |
| Starting &Ending Wage: | | Your job title: | Supervisor: Phone #: |
| Description of Duties: | | | |
| Reason for Leaving: | | | May we contact? Yes No |

| | | | |
|------------------------|--------------|---|------------------------|
| From: mo yr | To: mo yr | Employers name and complete address: (Company name, Street No., City, State, Zip) | |
| Starting &Ending Wage: | | Your job title: | Supervisor: Phone #: |
| Description of Duties: | | | |
| Reason for Leaving: | | | May we contact? Yes No |

| | | | |
|------------------------|--------------|---|------------------------|
| From: mo yr | To: mo yr | Employers name and complete address: (Company name, Street No., City, State, Zip) | |
| Starting &Ending Wage: | | Your job title: | Supervisor: Phone #: |
| Description of Duties: | | | |
| Reason for Leaving: | | | May we contact? Yes No |

Personal References: (Please note that it is a professional courtesy to request permission from individuals before listing them as references.)

| Name | Occupation | Years Known | Phone Number |
|------|------------|-------------|--------------|
| | | | |
| | | | |
| | | | |

Please Read and Sign Below:

I HERBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE COMPANY AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES, OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY DISMISSAL FROM THE EMPLOYMENT.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF THE COMPANY AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY.

I AGREE THAT WITHIN TWO WEEKS OF HIRING I WILL OBTAIN A FOOD HANDLERS PERMIT IN OCCORDANCE WITH (Please circle appropriate county below)
LOS ANGELES COUNTY -OR- SAN BERNARDINO COUNTY HEALTH DEPARTMENT AND SHOW PROOF TO THE EMPLOYER.

Applicant's Signature: _____

Date: _____