

# Employment Application

Employer Name

Employer is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any protected basis, including race (including traits historically associated with race, such as hair texture and protective hairstyles, including braids, locks, and twists); religion, color, sex (including childbirth, breastfeeding, and related medical conditions), gender, gender identity and expression, sexual orientation, ethnicity, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, disability, genetic information, or any other protected status in accordance with all applicable federal, state, and local laws.

## Applicant Information

Please fill out your name **AS IT APPEARS ON YOUR SOCIAL SECURITY CARD.**

First Name		Middle Name/Initial		Last Name	
Today's Date	Date Available	Cell Phone	Home Phone	Personal Email	
Current Street Address			Apt./Unit	Previous Street Address (within the last 7 years)	
City			City		
State		ZIP Code	State		ZIP Code
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you submit verification of your identity and eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Desired Position Title:	Expected Pay	Desired Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call <input type="checkbox"/> Seasonal		How were you referred for this position?	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you have gone by another name in the past, such as an assumed name or a nickname, please indicate so we may verify your past employment and education.			
Have you ever been terminated or asked to resign from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain the circumstances.			

## Professional References (List individuals who are not related to you and who have knowledge of your work performance and work experience, preferably former supervisors.)

Reference 1 First Name	Last Name	Phone
Employer Name	Employer Address	
Relationship	Email	

Reference 2 First Name	Last Name	Phone
Employer Name	Employer Address	
Relationship	Email	

## Work Experience

List all jobs for the past 10 years, including part-time and self-employment, and explain periods of unemployment. Use additional sheets if necessary. A résumé may be used to supplement (but not replace) this information. Please begin with your most recent employer.

May we contact your present employer?  Yes  No

Employer		Phone		From	To
				/	/
Street	Suite/Unit	Your Title		Name of Supervisor	
City		Description of Duties		Title of Supervisor	
State	ZIP Code			Reason for Leaving	

Employer		Phone		From	To
				/	/
Street	Suite/Unit	Your Title		Name of Supervisor	
City		Description of Duties		Title of Supervisor	
State	ZIP Code			Reason for Leaving	

Employer		Phone		From	To
				/	/
Street	Suite/Unit	Your Title		Name of Supervisor	
City		Description of Duties		Title of Supervisor	
State	ZIP Code			Reason for Leaving	

Employer		Phone		From	To
				/	/
Street	Suite/Unit	Your Title		Name of Supervisor	
City		Description of Duties		Title of Supervisor	
State	ZIP Code			Reason for Leaving	

## Education

School Name	Location	Highest Year Completed				Major subject/training you completed directly related to the job for which you are applying
		9	10	11	12	
High School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
College		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Graduate School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trade/Vocation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If you have not graduated from any of the above schools, please explain.						

Describe your hobbies, interests, and membership in professional organizations which may directly relate to the job for which you have applied.  
*(You may exclude those whose name or character indicate sex, sexual orientation, gender identity and expression, ancestry, race, religion, color, national origin, age, marital status, medical condition, disability, or any other protected classification of its members.)*

Summarize any information you think necessary to describe your full qualifications for the job to which you have applied.

*Military (Complete this section if you served in the U.S. Armed Forces.)*  
 Describe any other skills you acquired which directly relate to the job to which you have applied.

## Disclosure to Job Applicant Pursuant to the California Consumer Privacy Act (CCPA)

As part of your job application and Employer's evaluation of your candidacy, Employer collects, receives, maintains, and uses the following types of Personal Information about you for the business purposes identified for each category:

Category	Examples	Business Purpose
Personal Identifiers	Name, alias, postal or mailing address, email address, telephone number, Social Security number, driver's license or state identification-card number, passport number	<ul style="list-style-type: none"> <li>To comply with state and federal law and regulations requiring employers to maintain certain records;</li> <li>To evaluate your job application and candidacy for employment;</li> <li>To obtain and verify background check and references; and</li> <li>To communicate with you regarding your candidacy for employment.</li> </ul>
Pre-Hire Information	Job application, résumé, background-check results, drug-test results, job-interview notes, and candidate-evaluation records	Same as above
Employment History	Information regarding prior job experience, positions held, names of prior supervisors, and, when permitted by applicable law, your salary history or expectations	Same as above
Education Information	Information from résumés regarding educational history; transcripts or records of degrees and vocational certifications obtained	Same as above

## Certification and Agreement – Please Read Carefully

- If hired by Employer, Employer will notify me of additional categories of Personal Information which it collects, receives, and maintains for business purposes. By signing below, I acknowledge and confirm that I have received and read and understand the CCPA disclosure, and I hereby authorize and consent to the Employer’s use of the personal information it collects, receives or maintains for the business purposes identified above.
- I hereby certify that I personally completed the Employment Application and that the information contained in the Employment Application and on any résumé provided to Employer is true, correct, and complete.
- I agree to have the information verified by Employer. I authorize Employer to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools, and references to give Employer (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have. In addition, I release Employer, my former employers and other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of, or in any way related to, such investigation or disclosure.
- I understand that any misrepresentation, falsification, or omission of information on this Employment Application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I understand that nothing in this Employment Application, and anything conveyed in an interview, if granted, creates, or should be construed as creating, an offer of employment. I also understand that all offers of employment are conditioned on satisfactory proof of my identity and legal authority to work in the United States.
- If hired, I will comply with all rules and regulations of Employer.
- I understand that Employer reserves the right to require me to submit to a test for the presence of drugs and/or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I understand that Employer is committed to providing a safe and hazard-free work environment. I understand I must comply with Employer’s Drug and Alcohol Policy. I also understand that any offer of employment may be contingent upon passing a job-related physical examination. I consent to the disclosure of the results of any physical examination and related tests to Employer. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment. I understand that, should I decline to sign the consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.
- I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring, and a bond application will have to be completed.
- **Employment At-Will Agreement:** It is hereby agreed by and between me and Employer that my employment shall not be for any specific duration and may be terminated at any time, by me or Employer, with or without cause and/or with or without prior notice. My status as an at-will employee may not be changed except in writing signed by me and the President of Employer. This express at-will acknowledgement supersedes any and all prior representations or understandings, whether written or oral, express or implied, issued by Employer, and is the entire agreement between us, regarding the terms and conditions of my employment.

This is the entire agreement between me and Employer regarding the length of my employment, and the reasons for termination of my employment, and this agreement supersedes any and all prior agreements regarding these issues. Oral representations or agreements made before or after my employment do not alter this agreement.

If any term or provision, or portion, of this agreement is declared void or unenforceable, it shall be severed and the remainder of this agreement shall be enforceable. If you have any questions regarding this certification and agreement, please discuss with a representative of Employer before signing.

**My signature below attests to the fact that I have read, understand, and agree to be legally bound to all of the above terms.**

Printed Name	Signature	Date
Employer		