

Employment Application

We are an Equal Opportunity Employer

Please complete the entire application.

Date: _____

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Mobile Telephone
()

Email Address

Home Telephone
()

Are there other names under which you have worked or attended school?
If yes, please list for reference checking purposes.

☐ Yes ☐ No

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No
(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? ☐ Yes ☐ No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever applied at this company before?
☐ Yes ☐ No If yes, when: _____

Have you ever worked at this company before?
☐ Yes ☐ No If yes, when: _____

Position Applying For	Part-Time or Full-Time Desired	Salary Preference	Shift Preference

When can you start?

How were you referred to the company? ☐ Agency ☐ Company Website ☐ Friend/Relative _____
☐ Social Media ☐ School ☐ Other _____

Special Skills

1. If relevant, please describe computer proficiency, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

Education				
School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses			
List any relevant training programs completed.			
Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Employment History (start with most recent; use separate sheet if necessary)	
Name of Employer Address	Telephone ()
Job Title Name of Immediate Supervisor	Employment Dates (month and year) From To
Description of Duties:	
Reason for Leaving:	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer Address	Telephone ()
Job Title Name of Immediate Supervisor	Employment Dates (month and year) From To
Description of Duties:	

Reason for Leaving:	
Employment References	
List individuals familiar with your job qualifications (no relatives or personal friends).	
Name	Telephone ()
	Email Address
Address	
Relationship	How long known?
Name	Telephone ()
	Email Address
Address	
Relationship	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant _____

Date _____

Thank you for your interest in our company.

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

_____ ("the Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to, obtaining a criminal record report, verifying references, work history, your educational achievements, licensure and certifications, obtaining your driving record and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be MRA-The Management Association, N19 W24400 Riverwood Drive, Waukesha, Wisconsin 53188; (262) 523-9090; <https://www.mranet.org>. The source of any credit report will be MRA-The Management Association, N19 W24400 Riverwood Drive, Waukesha, Wisconsin 53188; (262) 523-9090; <https://www.mranet.org>. Information regarding MRA-The Management Association's privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at <http://www.mranet.org/privacy-policy>.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you which is required to be provided by the California Civil Code and will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.