



APPLICATION FOR EMPLOYMENT

SANTA ANA
2276 E. 17th Street
Santa Ana, CA 92705
Tel: 714.245.0200
Fax: 714.245.0220

LA HABRA
1360 S. Beach Blvd., Suite C
La Habra, CA 90631
Tel: 562.697.4644
Fax: 562.697.4744

LADERA RANCH
1701 Corporate Dr., Suite C8
Ladera Ranch, CA 92694
Tel: 949.364.7080
Fax: 949.364.7085

DATE:

NAME (LAST NAME FIRST)	SOCIAL SECURITY NUMBER
PRESENT ADDRESS:	CITY: STATE: ZIP CODE:
PERMANENT ADDRESS:	CITY: STATE: ZIP CODE:
PHONE NUMBER:	EMERGENCY CONTACT, NAME AND PHONE NUMBER:

EMPLOYMENT DESIRED:

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES <input type="checkbox"/> NO <input type="checkbox"/>

EVER APPLIED TO THIS COMPANY BEFORE? YES NO

IF SO WHERE AND WHEN:

ARE YOU 18 YEARS OLD OR OLDER? YES NO

EDUCATION HISTORY:

EDUCATION HISTORY:	YEARS ATTENDED:	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL:			
COLLEGE:			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

WORK HISTORY:

MONTH & YEAR: NAME & ADDRESS OF EMPLOYER SALARY POSITION REASON FOR LEAVING

FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 3 YEARS

NAME:	ADDRESS:	BUSINESS:	YEARS KNOWN:

AUTHORIZATION:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws”

Date: _____ Signature: _____

Interviewed by: _____ Date: _____

REMARKS:

