



# WE ARE A DRUG-FREE WORKPLACE

2655 S. Coast Hwy 101

Cardiff, CA 92007

Phone: (760) 942-1860

## APPLICATION FOR EMPLOYMENT

Applications are kept active for only 30 days.

Date: \_\_\_\_\_.

WE APPRECIATE YOUR INQUIRY INTO OUR ORGANIZATION AND ARE SINCERELY INTERESTED IN YOUR BACKGROUND AND QUALIFICATIONS. PLEASE ANSWER ALL QUESTIONS AS THOROUGHLY AS POSSIBLE SO WE MAY REVIEW THIS INFORMATION IN CONSIDERATION OF EMPLOYMENT WITHIN OUR ORGANIZATION. WE CONSIDER ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, SEX OR GENDER, NATIONAL ORIGIN, AGE, CITIZENSHIP, ANCESTRY, PREGNANCY, MARITAL STATUS, MILITARY OR VETERAN STATUS, SEXUAL ORIENTATION, GENDER, GENDER IDENTITY, GENDER EXPRESSION, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, GENETIC INFORMATION, GENETIC PREDISPOSITION TO A DISEASE, LAWFUL OFF-DUTY CONDUCT OR POLITICAL ACTIVITIES, OR ANY OTHER LEGALLY PROTECTED STATUS.  
WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND AN AT-WILL EMPLOYER.

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE # (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE # (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE AREA CODE

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? YES \_\_\_\_\_ NO \_\_\_\_\_.

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK?  
\_\_\_\_\_ WOULD YOU WORK? FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_.

ARE YOU 18 YEARS OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_ ARE YOU 21 YEARS OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_.

DO YOU HAVE A CURRENT SAN DIEGO COUNTY FOOD HANDLER'S CARD? YES \_\_\_\_\_ NO \_\_\_\_\_.

REFERRED BY \_\_\_\_\_

### EMPLOYMENT APPLIED FOR

POSITION \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_.

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE \_\_\_\_\_ WHEN \_\_\_\_\_.

### YOU MUST ANSWER THE FOLLOWING QUESTION OR YOUR APPLICATION CANNOT BE ACCEPTED:

1. A JOB DESCRIPTION DESCRIBING THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED IS ATTACHED OR HAS BEEN DESCRIBED TO YOU. CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED WITH OR WITHOUT ACCOMMODATION?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, CHECK ONE: \_\_\_\_\_ WITH Accommodation \_\_\_\_\_ WITHOUT Accommodation

<u>EDUCATION</u>	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

(CONTINUED ON BACK)

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_.

**FORMER EMPLOYERS**

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

FROM MO/YR	TO MO/YR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
1.				
2.				
3.				

**REFERENCES**

PLEASE LIST BELOW THREE PERSONAL REFERENCES OTHER THAN RELATIVES AND PAST EMPLOYERS.

NAME	ADDRESS	PHONE #
1.		
2.		
3.		

PLEASE LIST BELOW TWO PAST EMPLOYMENT REFERENCES WE MAY CALL.

NAME	ADDRESS	BUSINESS	PHONE #
1.			
2.			

**IF THE POSITION YOU ARE APPLYING FOR REQUIRES DRIVING**, PLEASE INDICATE IF ANY OF THE FOLLOWING HAVE OCCURRED IN THE PAST THREE YEARS: SOCIAL SECURITY #: \_\_\_\_\_  
 \_\_\_ SUSPENSION \_\_\_ REVOCATION \_\_\_ DUI \_\_\_ CONVICTIONS \_\_\_ PROPERTY DAMAGE \_\_\_ PHYSICAL HARM

EMPLOYMENT IS ABSOLUTELY CONTINGENT ON APPROVAL OF YOUR DRIVING RECORD FROM OUR INSURANCE CARRIER. VALID AUTO INSURANCE AND DRIVER'S LICENSE IS A PRE-REQUISITE FOR EMPLOYMENT OF DRIVING POSITIONS.

"I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

IF THE POSITION REQUIRES DRIVING, I GIVE AUTHORIZATION TO HAVE MY MOTOR VEHICLE RECORD CHECKED AND VERIFIED AND, IF HIRED, IT MAY BE CHECKED PERIODICALLY THROUGHOUT MY EMPLOYMENT. I VERIFY THE VEHICLE INFORMATION I GAVE IS COMPLETE AND ACCURATE. I UNDERSTAND THAT IF HIRED I MAY BE REQUIRED TO MAINTAIN VALID AUTO INSURANCE AND DRIVER'S LICENSE AS A CONDITION OF EMPLOYMENT.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT.

I UNDERSTAND THAT FILLING OUT THIS FORM DOES NOT INDICATE THERE IS A POSITION OPEN AND DOES NOT OBLIGATE YOU TO HIRE ME.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS **AT WILL** WHICH MEANS IT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

I UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON THE PRODUCTION OF THE PROPER DOCUMENTS FOR COMPLETION OF THE I-9 FORM."

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_.

ARE YOU ENGAGED IN ANY ACTIVITIES THAT MAY BE PERTINENT TO THE JOB FOR WHICH YOU ARE APPLYING?  
 \_\_\_\_\_.

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_.