

/20		



Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

Applicant Information							
Last Name	First			Middle			
Street Address			-	Apt.			
City	State		Zip				
Phone	_	email			-		
Position Applied For		•					
Available Start Date / / Desired Salary							
Are you authorized to work in the U.S.?	Yes □ N	o 🗆					
Have you ever worked for this company before? Yes □ No □ If yes, when?							
Which location(s)?							
	Employme	ent Histor	rv				
Company		From	/ /	То	/	/	
Address			Phone #				
Supervisor		May We Co	ontact? Yes	□ No □			
Wage start Wage final	Reason fo	or leaving?					
Job Title/Responsibilities	1						
Company		From	/ /	То	/	/	
Address		Phone #					
Supervisor	May We Co	May We Contact? Yes □ No □					
Wage start Wage final	Reason fo	or leaving?					
Job Title/Responsibilities	1		l				
Company		From	/ /	То	/	/	
Address		Phone #					
Supervisor	May We Co	ontact? Yes	□ No □				
Wage start Wage final	Reason fo	or leaving?					
Job Title/Responsibilities	1						
Company		From	/ /	То	/	/	
Address		Phone #					
Supervisor	May We Co	ontact? Yes	□ No □				
Wage start Wage final	Reason fo	or leaving?					
Job Title/Responsibilities	•						

High School	Education									
College From / / To / / Graduated? Yes   No   Degree  Address From / / To / / Graduated? Yes   No   Degree  From / / To / / Graduated? Yes   No   Degree  Address From / / To / / Graduated? Yes   No   Degree  References From / / To / / Graduated? Yes   No   Degree  References From / / To / / Graduated? Yes   No   Degree  Relationship  Occupation  Company Phone   # of Years Known  Full Name   Relationship  Occupation   Company Phone   # of Years Known  From   # of Years Known  Disclaimer and Signature  Company  Phone   # of Years Known  Disclaimer and Signature  Lereity that the information contained in this application is created to the total of my breation and qualifications for employment. I also authorize you to request and receive such information. In the properties of the	High Sch	iool						Address		
From / / To / Graduated? Wes n Non Degree  Cherry   Address   Addr	From	/	/	То	/	/	Graduated?	Yes □ No □	Degree	
Other	College							Address		_
Prom	From	/		То	/	/	Graduated?	Yes   No	Degree	
From / / To / / Graduated? Ves. 11 No. 11 Degree    References	Other		-				!	Address	1 -	
References	From	/	/	То	/	/	Graduated?	ļ	Degree	
References								Address		
References Full Name	From	/	/	То	/	/	Graduated?	ļ	Degree	
Relationship  Occupation  Company  Phone # of Years Known  Full Name Relationship  Occupation  Company  Phone # of Years Known  Full Name Relationship  Occupation  Company  Phone # of Years Known  Phone # of Years Known  Disclaimer and Signature  I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concraining my previous employment, education and qualifications for employment. I also authorize you to request and fraceive such from the concounting my provious employment, education and qualifications for employment. I also authorize you to request and receive such fractions and and agree that if driving is a requirement of the job for which i am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.  I understand that the Company may now have, or may establish, a drug-free workplace continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.  I understand that the Company may now have, or may establish, a drug-free workplace, consistent with applicable federal, state, and local law. If the Company may now have, or may establish, a drug-free workplace, consistent with applicable federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol of liegal or controlled drivgs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employments policy and feeral, state, and lo		·	·				Rofo	rancas		
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FOR CALIFORNIA APPLICANTS ONLY: BY CHECKING THIS BOX, I WAIVE MY RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED BY THE COMPANY FOR EMPLOYEMENT PURPOSES THROUGH AN INTERNAL INVESTIGATION.  FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SMILAR TEST AS WELL. THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTIRES OR APPROPRIATE FOR USE IN ALL LOCALITEIS.  Office Use Only:  Date  Name  Application Received / /  SSG Employment History Check / / Beit	a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.  I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consisten with the Company's policies and applicable federal, state, and local law.  If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.  In consideration for my employment, I agree to abide by the rules and regulations of the Company, which rules may be changed, withdrawn, added or interpreted at any time, at the Company's sole option and without prior notice to me.  THIS COMPANY IS									
COMPANY FOR EMPLOYEMENT PURPOSES THROUGH AN INTERNAL INVESTIGATION.  FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SMILAR TEST AS WELL. THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTIRES OR APPROPRIATE FOR USE IN ALL LOCALITEIS.  Office Use Only:  Date  Name  Application Received / /  SSG Employment History Check / / Beit   KS   Shigeta  Interviewed / /										00.00.000
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