



**Phone: 661-321-0620 • Fax: 661-321-0111 • 512 and 514 East 19th St. Bakersfield CA 93305**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION:**

NAME (LAST, FIRST, MIDDLE):		DATE:
PRESENT ADDRESS (STREET, CITY, STATE, ZIP):		
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP):		
PHONE NUMBER: ( )	SOC. SEC. #:	
ARE YOU 18 YEARS OR OLDER? YES	NO	REFERRED BY:

**EMPLOYMENT DESIRED:**

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED NOW? YES	NO	IF SO MAY WE INQUIRE YOUR PRESENT EMPLOYER? YES
EVER APPLIED FOR THIS COMPANY BEFORE?		WHEN?
WHERE?	REASON FOR LEAVING:	
NAME OF LAST SUPERVISOR FOR THIS COMPANY?		

**EDUCATION:**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE /UNIVERSITY				

**OTHER INFORMATION:**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

**FORMER EMPLOYERS: LIST THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST**

NAME OF PRESENT OR LAST EMPLOYER:		
ADDRESS:	CITY, STATE:	ZIP CODE:
STARTING DATE:	LEAVING DATE:	JOB TITLE:
STARTING SALARY:	ENDING SALARY:	
MAY WE CONTACT YOUR SUPERVISOR?:	NAME OF SUPERVISOR:	JOB TITLE:
DESCRIPTION OF WORK:		
REASON FOR LEAVING:		

**FORMER EMPLOYERS: LIST THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST**

NAME OF PRESENT OR LAST EMPLOYER:		
ADDRESS:	CITY, STATE:	ZIP CODE:
STARTING DATE:	LEAVING DATE:	JOB TITLE:
STARTING SALARY:	ENDING SALARY:	
MAY WE CONTACT YOUR SUPERVISOR?:	NAME OF SUPERVISOR:	JOB TITLE:
DESCRIPTION OF WORK:		
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NAME OF PRESENT OR LAST EMPLOYER:		
ADDRESS:	CITY, STATE:	ZIP CODE:
STARTING DATE:	LEAVING DATE:	JOB TITLE:
STARTING SALARY:	ENDING SALARY:	
MAY WE CONTACT YOUR SUPERVISOR?:	NAME OF SUPERVISOR:	JOB TITLE:
DESCRIPTION OF WORK:		
REASON FOR LEAVING:		

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR**

<b>NAME</b>	<b>ADDRESS</b>	<b>BUSINESS</b>	<b>YEARS ACQUAINTED</b>
1.			
2.			
3.			

**SERVICE RECORD:**

BRANCH OF SERVICE:	DISCHARGE DATE RANK:

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION:          

**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 THE 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.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.