



Phone: 209-474-5822  
 Fax: 209-474-5885

# Job Application

Personal Information			
Last	First	MI	Email
Street Address	City	ST	Zip
Home Phone		Mobile Phone	
Are you legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to stand for long periods of time, lift up to 50 pounds, and twist, bend and do repetitive motions? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the best way to contact you?	
Do you have reliable transportation to and from place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		An employment offer may be made contingent upon passing a job-related mental/physical examination.	
What position are you applying for?		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expected Hourly Rate		Expected Weekly Earnings	
		Date Available	

Prior Work Experience			
	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/ Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education			
	Name/Location	Last Year Complete	Degree
High School		9 10 11 12	
College/University		1 2 3 4	
Trade School			
Other			
List any applicable special skills, training or proficiencies.			

Personal References			
	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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