



APPLICATION FOR EMPLOYMENT & PRE-EMPLOYMENT QUESTIONNAIRE

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME		E-MAIL ADDRESS		
CURRENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT OR MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE
PHONE NUMBER		REFERRED BY		

EMPLOYMENT DESIRED Full Time:  Part Time:  Other (Temporary/Seasonal/On-Call):

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN?	WERE YOU HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	DIPLOMA/ DEGREE RECEIVED	SUBJECTS STUDIED
HIGH SCHOOL		
COLLEGE		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		

GENERAL INFORMATION

SPECIALIZED TRAINING, SKILLS AND/OR APPRENTICESHIPS	
PROFESSIONAL LICENSE(S)/CERTIFICATE(S)	
BRANCH OF UNIFORMED SERVICE	JOB RELATED MILITARY TRAINING
PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES	

Are you over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license (if driving is involved in the position)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY** LIST YOUR LAST FOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER AND SUPERVISOR	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

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

NAME	ADDRESS & TELEPHONE #	BUSINESS/OCCUPATION	YEARS KNOWN

**AUTHORIZATION**

Please read carefully before signing

I authorize you to make any investigation and to obtain all lawful information which you deem necessary in connection with this application and to circulate such information to the appropriate persons who consider this application. I request and authorize all references and former employers to supply information about me verbally or in writing to you. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from their furnishing such information. I certify that the information contained in this application is true, complete, and to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that I may be required to complete a medical exam for initial and continued employment.

I further understand that in the event I am employed, such employment is at-will and I agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without prior notice. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract.

I and my potential employer mutually agree that any claim or dispute between us, whether related to this application for employment or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved utilizing a two-step Alternate Dispute Resolution (ADR) process as follows: 1) First, through a neutral mediator and 2) Failing settlement by mediation, we agree that all claims and disputes including those of jurisdiction or arbitrability, shall be submitted to and determined by binding arbitration under the Federal Arbitration Act ("FAA"), and the arbitration laws of the state of my prospective employment. Any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction. Potential employer and I each waive our rights to bring a claim against the other in a court of law.

I agree to waive any right I may have to bring an action on a class, collective, private attorney general, representative or other similar basis unless I check this box.

The only exceptions to binding arbitration shall be for claims arising under the National Labor Relations Act before the NLRB, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development department claims or as otherwise required under state or federal law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_