

**Employment Application** 

# 22704 Ventura Blvd #426 Woodland Hills, CA 91364 (800) 920-6795

| APPLICANT INFORMATION                   |               |        |                                 |           |             |       |    |  |
|---|---------------|--------|---------------------------------|-----------|-------------|-------|----|--|
| Last Name                               |               | First  |                                 |           | M.I.        | Date  |    |  |
| Street Address                          |               |        |                                 |           | Apartment/U | nit # |    |  |
| City                                    |               | State  |                                 |           | ZIP         |       |    |  |
| Phone                                   |               | E-mail | Address                         |           |             |       |    |  |
| Date Available                          | Social Securi | ty No. |                                 | Desire    | d Salary    |       |    |  |
| Position Applied for                    |               |        |                                 |           |             |       |    |  |
| Are you a citizen of the United States? | YES NO        | )      | If no, are you authorized to we | ork in th | e U.S.?     | YES   | NO |  |
| Have you ever worked for this company?  | YES NO        | )      | If so, when?                    |           |             |       |    |  |
|   |               |        |                                 |           |             |       |    |  |

# EDUCATION

| High School |    |                   | Address |    |        |
|-------------|----|-------------------|---------|----|--------|
| From        | То | Did you graduate? | YES     | NO | Degree |
| College     |    |                   | Address |    |        |
| From        | То | Did you graduate? | YES     | NO | Degree |
| Other       |    |                   | Address |    |        |
| From        | То | Did you graduate? | YES     | NO | Degree |

| CERTIFICATE & LICENSES            |             |
|-----------------------------------|-------------|
| Please list all current licenses. |             |
| Guard card<br>No:                 | Expiration: |
| Firearm<br>Permit:                | Expiration: |
| CCW:                              |             |
| Baton:                            | Expiration: |
| CPR/First Aid:                    | Expiration: |
|                                   |             |

| REFERENCES                                 |              |
|--|--------------|
| Please list three professional references. |              |
| Full Name                                  | Relationship |
| Company                                    | Phone ( )    |
| Address                                    |              |
| Full Name                                  | Relationship |
| Company                                    | Phone ( )    |
| Address                                    |              |

## **EMPLOYMENT INFORMATION**

| 1. Company          |                         |                    |     | Phone      | ( | ) |
|---------------------|-------------------------|--------------------|-----|------------|---|---|
| Address             |                         |                    |     | Supervisor |   |   |
| Job Title           |                         |                    |     |            |   |   |
| Responsibilities    |                         |                    |     |            |   |   |
| From                | То                      | Reason for Leaving |     |            |   |   |
| May we contact your | previous supervisor for | a reference?       | YES | NO         |   |   |
| 2. Company          |                         |                    |     | Phone      | ( | ) |
| Address             |                         |                    |     | Supervisor |   |   |
| Job Title           |                         |                    |     |            |   |   |
| Responsibilities    |                         |                    |     |            |   |   |
| From                | То                      | Reason for Leaving |     |            |   |   |
| May we contact your | previous supervisor for | a reference?       | YES | NO         |   |   |
| 3. Company          |                         |                    |     | Phone      | ( | ) |
| Address             |                         |                    |     | Supervisor |   |   |
| Job Title           |                         |                    |     |            |   |   |
| Responsibilities    |                         |                    |     |            |   |   |
| From                | То                      | Reason for Leaving |     |            |   |   |
| May we contact your | previous supervisor for | a reference?       | YES | NO         |   |   |

| AVAILABILITY                 |
|------------------------------|
| Please check all that apply. |

|           | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| MORNING   |        |         |           |          |        |          |        |
| SWING     |        |         |           |          |        |          |        |
| OVERNIGHT |        |         |           |          |        |          |        |

Are you available to work on holidays?

YES NO

Please list any availability restrictions you might have, if none please type "none".

### MILITARY SERVICE

Branch

Rank at Discharge

If other than honorable, explain

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

То

From

Type of Discharge