



# APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN INK

NAME: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number, Street & Apt. # City State ZIP Code

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_ EVENING TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PLEASE CHECK THE TYPES OF EMPLOYMENT YOU WOULD CONSIDER

DATE AVAILABLE FOR WORK: \_\_\_\_\_  Full Time  Part Time

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US?  
 YES  NO If yes, please give details: \_\_\_\_\_

HOW WERE YOU REFERRED TO US:  Newspaper Ad  School  Agency  
 Current Employee  On my own  Other

NAME OF REFERRAL SOURCE: \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US:  YES  NO If yes, when? \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES WORKING FOR US: \_\_\_\_\_

ARE YOU BELOW THE AGE OF 18?  YES  NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES:  YES  NO

PLEASE LIST ANY EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY QUALIFY YOU FOR WORK IN E-COM:  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS, WITH OR WITHOUT AN ACCOMMODATION, OF THE POSITION FOR WHICH YOU ARE APPLYING?  YES  NO

ARE YOU WILLING TO UNDERGO A PREEMPLOYMENT PHYSICAL EXAM AND SUBSTANCE ABUSE SCREENING TEST?  YES  NO

YOU ARE NOT OBLIGATED TO AND SHOULD NOT RESPOND WITH ANY CONVICTIONS THAT HAVE BEEN ERASED BY PARDON OR EXPUNGEMENT:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? \_\_\_\_\_ DATE \_\_\_\_\_ PLACE \_\_\_\_\_

NATURE \_\_\_\_\_

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

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**EMPLOYMENT RECORD**List your present or most recent employer first and work backwards. May we contact these employers?  YES  NO

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Employer	Employed	Supervisor's Name
_____	From _____	_____
Address _____	To _____	
_____		Your Job Title _____
_____		Telephone # _____
Duties: _____		
_____		
Weekly Salary: Start: _____ End: _____		

Reason for Leaving:  
\_\_\_\_\_

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_____	From _____	_____
Address _____	To _____	
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_____		
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Reason for Leaving:  
\_\_\_\_\_

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EDUCATIONAL RECORD

School	Name and City/State of School	Number of Years Completed	Degree, Major or Type of Course
High School			
College			
Graduate School			
Trade or Business School			
Other			

MILITARY EXPERIENCE

Were you in the U.S. Armed Forces:       YES       NO      If yes, what branch? \_\_\_\_\_

Dates of duty:    From: \_\_\_\_\_    To: \_\_\_\_\_    Rank at Separation: \_\_\_\_\_

Briefly describe your duties \_\_\_\_\_

REFERENCES

List at least three who aren't employers, former employers, or relatives.

Name and Address	Occupation	Phone Number

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that incorrect or falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either South Coast Tool Repair or myself. I understand that no management official has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. I further understand that offers of employment are conditioned on my providing proof of work eligibility, as required by United States law, and on my successfully passing a physical examination and substance abuse screening test if required. Failure to participate in either is grounds for rejecting my application and for withdrawing an offer of employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, in any) to provide any relevant information that may be required to arrive at an employment decision.

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