

**EMPLOYMENT APPLICATION**

***An Equal Opportunity Employer***

Date \_\_\_\_\_

Position applied for \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Social Security Number \_\_\_\_\_

Why are you applying for this position? \_\_\_\_\_  
\_\_\_\_\_

Is there any reason you may not be able to be at work on a regular basis and be to work on time?  
\_\_\_\_\_  
\_\_\_\_\_

Would you be available to work overtime, if necessary?  
\_\_\_\_\_  
\_\_\_\_\_

When are you available? \_\_\_\_\_

If hired, can you present proof of legal right to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available for Full Time \_\_\_\_\_ Part time \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, describe the functions that cannot be performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(NOTE: Hire may be subject to passing a medical examination, drug screen, and to a DMV report).

**EMPLOYMENT APPLICATION**

Have you ever been convicted of a felony? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we contact your current employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION**

	Name & Address	Years Completed	Degree	
			Graduate	Diploma
School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College/Univ.	_____	_____	_____	_____
Vocational/Tech.	_____	_____	_____	_____
Other	_____	_____	_____	_____

Do you have additional experience, training, qualifications or skills which you feel make you especially qualified for the position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If employed, do you have a valid California Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_.

Will you be able to furnish proof of automobile insurance coverage prior to operating a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_.

Driver License Number: \_\_\_\_\_

I certify that I understand that the premises, including the residence is a non-smoking facility and I will abide by that rule. Please initial: \_\_\_\_\_

**EMPLOYMENT APPLICATION**

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer (last 10 years of employment is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Type of business \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Your supervisor's name \_\_\_\_\_  
Your position and duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of employment (month and year) from \_\_\_\_\_ to \_\_\_\_\_  
Weekly pay: starting \_\_\_\_\_ ending \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

2. Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Type of business \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Your supervisor's name \_\_\_\_\_  
Your position and duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of employment (month and year) from \_\_\_\_\_ to \_\_\_\_\_  
Weekly pay: starting \_\_\_\_\_ ending \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

3. Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Type of business \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Your supervisor's name \_\_\_\_\_  
Your position and duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of employment (month and year) from \_\_\_\_\_ to \_\_\_\_\_  
Weekly pay: starting \_\_\_\_\_ ending \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_



# EMPLOYMENT APPLICATION

## REFERENCES

List below at least three personal or professional references, not related to you, with whom you have known a minimum of two years.

1. \_\_\_\_\_  
First Name                      Last Name                      Telephone No.

\_\_\_\_\_

Address & Street                      City                      State                      Zip

\_\_\_\_\_

Occupation                      No. of Years Acquainted

2. \_\_\_\_\_  
First Name                      Last Name                      Telephone No.

\_\_\_\_\_

Address & Street                      City                      State                      Zip

\_\_\_\_\_

Occupation                      No. of Years Acquainted

3. \_\_\_\_\_  
First Name                      Last Name                      Telephone No.

\_\_\_\_\_

Address & Street                      City                      State                      Zip

\_\_\_\_\_

Occupation                      No. of Years Acquainted

4. \_\_\_\_\_  
First Name                      Last Name                      Telephone No.

\_\_\_\_\_

Address & Street                      City                      State                      Zip

\_\_\_\_\_

Occupation                      No. of Years Acquainted

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**APPLICANT'S STATEMENT**

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

Further, I understand that misrepresentation, falsification or omission of any material information on this Employment Application may result in my failure to receive an offer or, if I am hired, I may be immediately terminated regardless of the time lapse before discovery.

I hereby authorize Carlo Inc. (hereafter referred to as the "Company,") to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the employment references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, its agents, or representatives, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, damages or liabilities arising out of or in any way related to such investigation or disclosure. I agree to have any of the information provided checked by the Company, unless I have indicated to the contrary.

This Employment Application shall be considered active for a period of time not to exceed 30 days.

In consideration of my employment, I agree to conform to the rules and standards of the Company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either by my option or the Company. I understand that no employee or representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of the Company may not alter the "at will" nature of the employment relationship unless done so specifically and in writing. Further, I also understand and agree that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

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**AGREEMENT**

I hereby authorize Halliday Management Inc. and/or Carlo Inc. to undertake investigations and inquiries of my employment, financial condition (Credit Report), physical condition, employment and personal references, and any other investigations that help arrive at an employment decision. I expect the results of all such investigation to be held in a confidential manner.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Address

Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Name of Automobile Liability Insurance Company \_\_\_\_\_

\_\_\_\_\_  
Insurance Policy No. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Address

If you want to receive a free copy of the consumer report(s) for which you have consented and authorized, check this box  and a copy will be mailed to you at the address you have indicated as your present address. Failure to check this box will indicate that you have declined a copy of your consumer report(s).