

SANTA MONICA  
 1426 Wilshire Boulevard  
 Santa Monica, CA 90403  
 Tel 310-451-6200  
 Fax 310-451-6210



LAWNDALE OFFICE  
 4401 Redondo Beach Blvd.  
 Lawndale, California 90260  
 Tel 310-214-0081  
 Fax 310-214-0870

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
STREET CITY STATE ZIP

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone No. \_\_\_\_\_ Are you 18 years or older? Yes  No

Are you either a U.S. Citizen or an Alien Authorized to work in the United States? Yes  No

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? Yes  No  If so, may we inquire of your present employer? Yes  No

Ever applied to this company before? Yes  No  Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred by \_\_\_\_\_

### EDUCATION

	Name and Location of School	*No. of Yrs. Attended	*Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

### GENERAL

Subjects of Special Study or Research Work \_\_\_\_\_

\_\_\_\_\_

Special Skills \_\_\_\_\_

\_\_\_\_\_

Activities: (Civic, Athletic, etc.) \_\_\_\_\_  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. Military or Naval Service	Rank	Present Membership in National Guard or Reserves
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\*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

**FORMER EMPLOYERS LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST**

DATE Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

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

Name	Address	Business	Years Acquainted
1			
2			
3			

The following statement applies in: Maryland & Massachusetts. (Fill in name of state)

It is unlawful in the state of \_\_\_\_\_ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Applicant's Signature: \_\_\_\_\_

In case of Emergency, notify: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and 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 and without cause."

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

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

Neatness \_\_\_\_\_ Ability \_\_\_\_\_

Hired: Yes  No  Position \_\_\_\_\_ Dept. \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Date reporting to work \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANGER