

## APPLICATION FOR EMPLOYMENT



1901 Aviation Blvd • Lincoln, CA 95648 • Phone (916) 645-1600 • Fax (916) 645-1606

We are an equal opportunity employer. Applicants are not treated differently based on their race, sex, religion, national origin, age, disability or other protected status/activity. If you are disabled and need assistance in order to complete the application, please let us know so that we can make reasonable accommodations to assist you.

|                        |                 |
|------------------------|-----------------|
| Today's Date:          | SS# :           |
| Position Applying For: | Salary Desired: |

| Personal Information |              |        |     |  |
|----------------------|--------------|--------|-----|--|
| Last Name            | First        | Middle |     |  |
| Address              |              |        |     |  |
| Street               | City         | State  | Zip |  |
| Mailing Address      |              |        |     |  |
| Street               | City         | State  | Zip |  |
| Area Code & Phone #  | Referred by: |        |     |  |

If hired, would you have a reliable means of transportation to and from work?    Yes    No

Are you at least 18 years old?    Yes    No    If under 18, hire is subject to verification that you are of minimum legal age.

Do you have the legal right to live and work in the U.S.?    Yes    No

Can you present proof of your legal right to live and work in the U.S.?    Yes    No

Have you ever applied to this company before?    Yes    No    Where?                      When? \_\_\_\_\_

Do you have any friends or relatives working for this company?    Yes    No    Who?                                              \_\_\_\_\_

| Education             | Name of School | Years Completed | Graduated? | Received Diploma or Degree? |
|-----------------------|----------------|-----------------|------------|-----------------------------|
| Grammar school        |                | 1 2 3 4 5 6     | Yes No     | Diploma?    Yes    No       |
| City & State          |                |                 |            |                             |
| Middle School         |                | 7 8             | Yes No     | Diploma?    Yes    No       |
| City & State          |                |                 |            |                             |
| High School           |                | 9 10 11 12      | Yes No     | Diploma?    Yes    No       |
| City & State          |                |                 |            |                             |
| College or University |                | 1 2 3 4         | Yes No     | Degree?    Yes    No        |
| City & State          |                |                 |            |                             |
| Trade School          |                | 1 2 3 4         | Yes No     | Degree?    Yes    No        |
| City & State          |                |                 |            |                             |

Subjects of special study or research work: \_\_\_\_\_

Activities other than religious, such as civic or athletic, etc. Exclude organizations which indicate race, sex, religion, national origin, age, disability or other protected status/activity of its members: \_\_\_\_\_

**Former Employment:** List your last 3 employers, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

| Month and Year | Name and Address of Employer | Salary | Position & Duties | Reason for leaving |
|----------------|------------------------------|--------|-------------------|--------------------|
| From           |                              |        |                   |                    |
| To             |                              |        |                   |                    |

Type of Business  
 May we contact this employer for a reference? Yes No

Supervisors Name Area Code & Phone Number:

| Month and Year | Name and Address of Employer | Salary | Position & Duties | Reason for leaving |
|----------------|------------------------------|--------|-------------------|--------------------|
| From           |                              |        |                   |                    |
| To             |                              |        |                   |                    |

Type of Business  
 May we contact this employer for a reference? Yes No

Supervisors Name Area Code & Phone Number:

| Month and Year | Name and Address of Employer | Salary | Position & Duties | Reason for leaving |
|----------------|------------------------------|--------|-------------------|--------------------|
| From           |                              |        |                   |                    |
| To             |                              |        |                   |                    |

Type of Business  
 May we contact this employer for a reference? Yes No

Supervisors Name Area Code & Phone Number:

**References:** List 3 persons not related to you, who have knowledge of your work performance in the last 3 years.

| Name & Phone Number(s) | Address | Occupation | Years known |
|------------------------|---------|------------|-------------|
|                        |         |            |             |
|                        |         |            |             |
|                        |         |            |             |
|                        |         |            |             |
|                        |         |            |             |

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I hereby authorize B Z Plumbing Co., Inc., to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further authorize references I have listed to disclose to B Z Plumbing Co., Inc. any and all information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release B Z Plumbing Co., Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

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

**PLEASE DO NOT WRITE BELOW THIS LINE**

|                                       |                                                 |
|---------------------------------------|-------------------------------------------------|
| Interviewed by:                       | Date:                                           |
| Arrived on time for interview? Yes No |                                                 |
| Skills: Yes No                        | Experience: Yes No                              |
| Hired: Yes No                         | Dept. Lincoln - 1 South - 3 C.S. - 4 Office - 8 |
| Position                              | Supervisor Salary                               |
| Approved by H.R.? Yes No              | Approved by Dept. Supervisor? Yes No            |
|                                       | Approved by G.M.? Yes No                        |