

Sun Diego Employment Application

OUR EMPLOYMENT POLICY – Equal opportunity for all without discrimination of race, color, creed, sex, age, handicap, or national origin.

Full Name: _____ Today's Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Address: _____
City State ZIP Code

Phone: () - _____ E-mail Address: _____

When can you start? _____

Position Applied for: _____ How were you referred to us? _____

Are you legally authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Do you have any physical condition or handicap which may limit your ability to perform the job applied for? YES NO

If yes what can be done to accommodate your limitation? _____

WORK HISTORY

Company: _____ Phone: () - _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Supervisor: _____ () -
Name Title Phone

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Supervisor: _____ () -
Name Title Phone

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Supervisor: _____ () -
Name Title Phone

May we contact your previous supervisor for a reference? YES NO

EDUCATION AND TRAINING

High School: _____ Address: _____
 Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____
 Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____
 Did you graduate? YES NO
 Degree: _____

SPECIAL SKILLS

Typing _____ Computers
 (wpm)

Word Processing _____ Other Skills _____
 Programs

AVAILABILITY

HOURS AVAILABLE FOR WORK			COMMENTS
Mon	From: _____	To: _____	_____
Tue	From: _____	To: _____	_____
Wed	From: _____	To: _____	_____
Thurs	From: _____	To: _____	_____
Fri	From: _____	To: _____	_____
Sat	From: _____	To: _____	_____
Sun	From: _____	To: _____	_____

ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS

Academic and Professional Activities and Achievements, Awards, Publications, Professional Societies.
 Exclude organizations which indicate race, color, creed, sex, age, handicap, or national origin or its members.

DISCLAIMER AND SIGNATURE

IMPORTANT: Read Carefully

Information contained in this application is correct to the best of my knowledge and I understand that falsification and/or omission of this information may result in dismissal in accordance with company policy. The company in considering my application for employment may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning to my background, and release all parties from liability for any damages that may result from furnishing same to you. In accepting employment, I acknowledge that the policies, benefits and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the company and myself. I realize the aforementioned benefits, policies, and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the company. I also realize that my first 90 days of employment is considered to be a probationary period, and thereafter at will, during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the company or myself.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE

Signature of Applicant: _____ Date: _____

Please Do Not Write Below This Line

Post employment information

In case of emergency, notify: _____ () _____ ()
 Name Relationship Home Phone Work Phone

Address _____

You can bring this in to your local Sun Diego or fax to (760) 476-9202