

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE _____

NOTE: PLEASE PRINT LEGIBLY AND NEATLY. ANY APPLICATION THAT CAN NOT BE READ MAY NOT BE CONSIDERED. PLEASE COMPLETE THE ENTIRE APPLICATION. INCOMPLETE OR FALSE INFORMATION WILL NULLIFY ANY OPPORTUNITY FOR EMPLOYMENT. ALL INFORMATION PROVIDED WILL BE VERIFIED.

PERSONAL

NAME _____ SOC. SEC. # _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____ PHONE # _____
NO. STREET CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ EMAIL: _____

PREVIOUS ADDRESS _____
NO. STREET CITY STATE ZIP

HOW LONG DID YOU LIVE AT THIS ADDRESS? _____ (Show at least the last 3 yrs – use back if necessary)

CALIFORNIA DRIVERS LICENSE NUMBER _____ IS LICENSE VALID? _____

CALIFORNIA IDENTIFICATION CARD NUMBER _____ (IF NOT APPLICABLE WRITE NONE)

ARE YOU OVER 18 YEARS OF AGE? _____ IF NOT, CAN YOU OBTAIN A WORK PERMIT? _____

CAN YOU SUBMIT VERIFICATION OF YOUR PERMANENT LEGAL RIGHT TO WORK IN THE U. S.? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF SO, PLEASE EXPLAIN _____

DO YOU KNOW ANYONE CURRENTLY WORKING FOR UNIPAC/CONTINENTAL, IE: FRIENDS OR FAMILY _____

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED, WITH OR WITHOUT ACCOMMODATION? _____ YES _____ NO COMPUTER LITERATE? _____ YES _____ NO

SOFTWARE: _____ TYPING _____ WPM TEN KEY BY TOUCH _____ YES _____ NO

EMPLOYMENT

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

PRESENTLY EMPLOYED? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

WHAT SPECIAL SKILLS DO YOU BRING TO THIS COMPANY THAT MAKES YOU A MORE QUALIFIED APPLICANT? PLEASE EXPLAIN:

HOW DID YOU LEARN ABOUT THIS EMPLOYMENT OPPORTUNITY? _____

REFERRED BY _____ HAVE YOU EVER BEEN IN THE MILITARY? _____

EDUCATION

SCHOOLNAME AND ADDRESS OF SCHOOL	MAJOR	YRS COMPLETED	GRADUATE? YES OR NO	DEGREE
HIGH _____ _____	_____	_____	_____	_____
COLLEGE _____ _____	_____	_____	_____	_____
TRADE _____	_____	_____	_____	_____

EMPLOYMENT HISTORY (LIST THREE PREVIOUS EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST)

COMPANY _____ ADDRESS _____

JOB TITLE _____ DESCRIPTION OF DUTIES: _____

DATES OF EMPLOYMENT: FROM: Month _____ Yr _____ TO: Month _____ Yr _____ SALARY _____

TELEPHONE _____ NAME OF SUPERVISOR _____

REASON FOR LEAVING _____

COMPANY _____ ADDRESS _____

JOB TITLE _____ DESCRIPTION OF DUTIES _____

DATES OF EMPLOYMENT: FROM: Month _____ Yr _____ TO: Month _____ Yr _____ SALARY _____

TELEPHONE _____ NAME OF SUPERVISOR _____

REASON FOR LEAVING _____

COMPANY _____ ADDRESS _____

JOB TITLE _____ DESCRIPTION OF DUTIES _____

DATES OF EMPLOYMENT: FROM: Month _____ Yr _____ TO: Month _____ Yr _____ SALARY _____

TELEPHONE _____ NAME OF SUPERVISOR _____

REASON FOR LEAVING _____

PLEASE READ AND SIGN

THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND CORRECT. I UNDERSTAND THAT IF EMPLOYED FALSE OR MISLEADING STATEMENTS ARE GROUNDS FOR IMMEDIATE TERMINATION. I ALSO UNDERSTAND THAT MY EMPLOYMENT IS "**AT WILL**" AND THAT I CAN TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AS MAY THE COMPANY. I UNDERSTAND THAT NOTHING IN THIS APPLICATION PROCESS IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE COMPANY.

DATE _____ SIGNATURE _____