

WE ARE A DRUG-FREE WORKPLACE

237 South Bent Avenue San Marcos, CA 92078

APPLICATION FOR EMPLOYMENT

Applications are kept active for only 30 days.

Phone: (760) 744-4420 Fax: (760) 744-0380

Lake Forest, CA (Orange County), Burbank, CA (Los Angeles)

Rancho Mirage, CA and La Quinta, CA (Coachella Valley)

Augusta, GA, and Nashville, TN

WE APPRECIATE YOUR INQUIRY INTO OUR ORGANIZATION AND ARE SINCERELY INTERESTED IN YOUR BACKGROUND AND QUALIFICATIONS. PLEASE ANSWER ALL QUESTIONS AS THOROUGHLY AS POSSIBLE SO WE MAY REVIEW THIS INFORMATION IN CONSIDERATION OF EMPLOYMENT WITHIN OUR ORGANIZATION. WE CONSIDER ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, SEX, NATIONAL ORIGIN, AGE, DISABILITY, CITIZENSHIP, MARITAL STATUS, MILITARY OR VETERAN STATUS, SEXUAL ORIENTATION, GENDER, GENDER IDENTITY, GENDER EXPRESSION, ANCESTRY, MEDICAL CONDITION, GENETIC INFORMATION, GENETIC PREDISPOSITION TO A DISEASE, LAWFUL OFF-DUTY CONDUCT OR POLITICAL ACTIVITIES, OR ANY OTHER LEGALLY PROTECTED STATUS. WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND AN AT-WILL EMPLOYER.

PERSONAL INFORMATION						
NAMELAST						
LAST	FIRST		MIDDLE			
PRESENT ADDRESS STREET	CITY	STATE	ZIP CODE			
PHONE # () AREA CODE	CELL	PHONE # _ () EA CODE	<u>.</u>		
ARE YOU LEGALLY ELIGIBLE FO	OR EMPLOYMENT IN THE U	.S.A.? YES _	NO			
IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK? WOULD YOU WORK? FULL-TIME PART-TIME						
ARE YOU 18 YEARS OR OLDER? YES NO						
REFERRED BY			<u>.</u>			
EMPLOYMENT APPLIED FOR						
POSITION		SAL	ARY DESIRED	<u>.</u>		
HAVE YOU EVER APPLIED TO THIS COM	PANY BEFORE? WHERE _		WH	EN		
YOU MUST ANSWER THE FOLLOWING QUESTION OR YOUR APPLICATION CANNOT BE ACCEPTED:						
1. A JOB DESCRIPTION DESCRIB APPLIED IS ATTACHED OR HA FUNCTIONS OF THE POSITION	AS BEEN DESCRIBED TO YO	U. CAN YOU F	PERFORM THE ESSEN'	TIAL JOB		

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR COR- RESPONDENCE SCHOOL				

CLID IECTE OE CDECLAL	STUDY OR RESEARCH WORK
NUBLECT NO DE NECLAT	NIIIIIY UR RENEARL H WURK

FORMER EMPLOYERS (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)							
FROM MO/YR	TO MO/YR		AME AND ADDRESS OF EMPLOYER	POSITION		REASON FOR LEAVING	
1.							
2.							
3.							
REFERENC PLEASE LIS		THREE PERSO	ONAL REFERENCES OTHER TH. ADDRESS	AN RELATIVES AND	PAST EN	MPLOYERS. PHONE #	
1.							
2.							
3.							
PLEASE LIS	T BELOW '	TWO PAST E	MPLOYMENT REFERENCES WE ADDRESS	MAY CALL. BUSINESS		PHONE #	
1.							
2.							
SUSPENSIONREVOCATIONDUICONVICTIONSPROPERTY DAMAGEPHYSICAL HARM EMPLOYMENT IS ABSOLUTELY CONTINGENT ON APPROVAL OF YOUR DRIVING RECORD FROM OUR INSURANCE CARRIER. VALID AUTO INSURANCE AND DRIVER'S LICENSE IS A PRE-REQUISITE FOR EMPLOYMENT OF DRIVING POSITIONS.							
"I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I GIVE AUTHORIZATION TO HAVE MY CRIMINAL RECORD AND MOTOR VEHICLE RECORD CHECKED AND VERIFIED AND, IF HIRED, IT MAY BE CHECKED PERIODICALLY THROUGHOUT MY EMPLOYMENT. I VERIFY THE VEHICLE INFORMATION I GAVE IS COMPLETE AND ACCURATE. I UNDERSTAND THAT IF HIRED I MAY BE REQUIRED TO MAINTAIN VALID AUTO INSURANCE AND DRIVER'S LICENSE AS A COND ITION OF EMPLOYMENT. I AUTHORIZE THIS COMPANY OR ANY OF ITS AFFILIATES TO CHECK THESE RECORDS. I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT. I UNDERSTAND THAT FILLING OUT THIS FORM DOES NOT INDICATE THERE IS A POSITION OPEN AND DOES NOT OBLIGATE YOU TO HIRE ME. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS AT WILL WHICH MEANS IT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE. I UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON THE PRODUCTION OF THE PROPER DOCUMENTS FOR COMPLETION OF THE 1-9 FORM." SIGNATURE SIGNATURE DATE DATE **CONTRACTOR OF THE PROPER DOCUMENTS FOR COMPLETION OF THE PROPER DOCUMENTS FOR COMPLETION OF THE 1-9 FORM."							
ARE YOU ENGAGED IN ANY ACTIVITIES THAT MAY BE PERTINENT TO THE JOB FOR WHICH YOU ARE APPLYING?							
INTERVIEW	ED BY			DATE			