

211 S. Primrose Ave. Monrovia, CA 91016 (626) 359 - 4330

Employment Application

| Applicant Information | | | | | | | | | | |
|-----------------------|---------------------|----------------------|-----------|---------|-------------------|------------------|----|--|--|--|
| Full Name: | | | Date: | | | | | | | |
| | Last | М.І. | | | | | | | | |
| Address: | | | | | | | | | | |
| Address. | Street Address | | | | Apartment/Unit # | | | | | |
| | | | | | | | | | | |
| | City | | | | State | ZIP Code | | | | |
| Phone: | | | Email: | | | | | | | |
| Date Availal | ble: | Social Security No.: | | | | | | | | |
| Position App | blied for: | | | | | | | | | |
| Are you a ci | tizen of the United | States? YES NO | lf no, ar | e you a | uthorized to work | in the U.S.? YES | NO | | | |
| Have you ev | ver worked for this | company? YES NO | lf yes, w | hen? | | | | | | |
| Have you ev | ver been convicted | of a felony? YES NO | | _ | | | | | | |
| lf yes, expla | in: | | | | | | | | | |
| | | | Educatio | on | | | | | | |
| High Scho | ol: | Addres | SS: | | | | | | | |
| From: | То: | Did you graduate | ? YES | NO | Diploma: | | | | | |
| College: | | Addres | SS: | | | | | | | |
| From: | То: | Did you graduate | ? YES | NO | Degree: | | | | | |
| Other: | | Addre | SS: | | | | | | | |
| From: | To: | Did you graduate | ? YES | NO | Degree: | | | | | |

| References | | | | | | | |
|----------------|---|-------------------|--|--|--|--|--|
| Please list th | ree professional references. | | | | | | |
| Full Name: | | Relationship: | | | | | |
| Company: | | Phone: | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Full Name: | | Relationship: | | | | | |
| Company: | | Phone: | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Full Name: | | Relationship: | | | | | |
| Company: | | Phone: | | | | | |
| Address: | | | | | | | |
| | Previous Employment | | | | | | |
| | | | | | | | |
| Company: | | Phone: | | | | | |
| Address: | | Supervisor: | | | | | |
| | | | | | | | |
| Job Title: | Starting Salary: \$ | Ending Salary: \$ | | | | | |
| Responsibili | ties: | | | | | | |
| From: | To: Reason for Leaving: | | | | | | |
| May we cont | YES NO tact your previous supervisor for a reference? | | | | | | |
| | | | | | | | |
| Company: | | Phone: | | | | | |
| Address: | | Supervisor: | | | | | |
| - | | | | | | | |
| Job Title: | Starting Salary: \$ | Ending Salary: \$ | | | | | |

| Responsibilities: | | | | | | | | |
|---|--|-------------------------------------|--------------------|-------------------------|--|--|--|--|
| From: | То: | Reason for Leaving: | | | | | | |
| May we contact y | our previous supervisor for a | a reference? YES NO | | | | | | |
| Company: | | | Phone: | | | | | |
| Address: | | | Supervisor: | | | | | |
| Job Title: | | Starting Salary: \$ | Ending Salary: | \$ | | | | |
| Responsibilities: | | | | | | | | |
| From: | То: | Reason for Leaving: | | | | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | | | |
| | | Military Service | | | | | | |
| Branch: | | From: | Т | 0: | | | | |
| Rank at Discharg | je: | Type of Discharge: | | | | | | |
| If other than hone | orable, explain: | | | | | | | |
| | | Disclaimer and Signature | | | | | | |
| l certify that my a | nswers are true and comple | ete to the best of my knowledge. | | | | | | |
| lf this application may result in my | leads to employment, I und release. | lerstand that false or misleading i | nformation in my a | oplication or interview | | | | |

Signature:

Date:

Disclosure

Any job offer made will be contingent upon:

- Being able to pass a background check.
- Criminal history checks will be performed in accordance with federal, state, and local law.
- Health Care Worker Vaccine requirement issued by the State of California Department of Public Health. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175,120195 and 131080 and other applicable law.