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Fax: (760) 674-4560

RESPONDENCE SCHOOL

WE ARE A DRUG-FREE WORKPLACE

APPLICATION FOR EMPLOYMENT

Applications are kept active for only 30 days.

| D 4 | | |
|-------|--|--|
| Date: | | |
| | | |

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 INFORMA | <u>ATION</u> | | | | |
|---|--|--------------|--|----------------------|--------------------------------|
| NAME | _ | | | | <u>.</u> |
| | LAST | FIRST | | | MIDDLE |
| PRESENT ADDRESS | ГКЕЕТ | CITV | CTATE | ZIP | CODE |
| | | | | | |
| PHONE # () AREA CODE | | _ CELL I | PHONE #(| AREA CODE | |
| ARE YOU LEGALLY EI | LIGIBLE FOR EMPLOYME | NT IN THE U. | S.A.? YE | S | NO |
| IF YOUR APPLICATION | N IS CONSIDERED FAVOR WOULD YOU WOR | | | | BE AVAILABLE FOR WORK? TIME |
| ARE YOU 18 YEARS OF | R OLDER? YES | NO | ARE YOU | 21 YEARS O | R OLDER? YES NO |
| DO YOU HAVE A CURI | RENT FOOD HANDLER'S | CARD? YES | | NO | |
| REFERRED BY | | | | <u>.</u> | |
| EMPLOYMENT APPL | | | | | |
| | | | | | |
| HAVE YOU EVER APPLIED T | O THIS COMPANY BEFORE? | WHERE _ | | | WHEN |
| YOU MUST ANSWER THE FOLLOWING QUESTION OR YOUR APPLICATION CANNOT BE ACCEPTED: 1. A JOB DESCRIPTION DESCRIBING THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED IS ATTACHED OR HAS BEEN DESCRIBED TO YOU. CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED? YES NO | | | | | |
| | | | 1 | | ` |
| EDUCATION | NAME & LOCATION OF SCHOOL | | | DID YOU GRADUATE? | SUBJECTS STUDIED |
| HIGH SCHOOL | or benoez | | THE LEAVE TO SERVICE T | Gluberitz. | STODED |
| COLLEGE | | | | | |
| TRADE BUSINESS OR COR- | | | | | |

| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK | |
|--|--|
| | |

| EODMED E | | | | | | | |
|---|---------------------------------------|----------------|-----------------------------------|-----------------------|---------------------------|--|--|
| FORMER EMPLOYERS (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST) | | | | | | | |
| FROM MO/YR | TO NAME AND ADDRESS MO/YR OF EMPLOYER | | POSITION | REASON FOR LEAVING | | | |
| | WO/TK | O. | EMFLOTER | FOSITION | LEAVING | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| | | | | | | | |
| REFERENC | ES | | | | | | |
| | | | VAL REFERENCES OTHER THAT ADDRESS | AN RELATIVES AND PA | ST EMPLOYERS. PHONE# | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| DI EACE LIC | r dei Ou | TWO DACT EMI | PLOYMENT REFERENCES WE | MANCALI | | | |
| PLEASE LIS | NAME | TWO PASTEMI | ADDRESS | BUSINESS | PHONE # | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| | | | | | | | |
| IF THE POS | ITION Y | OU ARE APPLY | ING FOR REQUIRES DRIVING | G PLEASE INDICATE IF | ANY OF THE FOLLOWING | | |
| IF THE POSITION YOU ARE APPLYING FOR REQUIRES DRIVING, PLEASE INDICATE IF ANY OF THE FOLLOWING HAVE OCCURRED IN THE PAST THREE YEARS: SOCIAL SECURITY #: | | | | | | | |
| SUSPEN | SION _ | REVOCATION | DUI CONVICTION | S PROPERTY DAM | AGE PHYSICAL HARM | | |
| | | | | | TH HCC | | |
| | | | | | | | |
| | | | MATION CONTAINED IN THI | | | | |
| UNDERSTAI DISMISSAL. | ND THAT | , IF EMPLOYED, | FALSIFIED STATEMENTS ON | THIS APPLICATION SH | ALL BE GROUNDS FOR | | |
| I AU | | | N OF ALL MY STATEMENTS | | | | |
| 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 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 TERMI- | | | | | | | |
| NATED 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 I-9 FORM." | | | | | | | |
| SIGNATI | SIGNATURE DATE | | | | | | |
| | | | | | | | |
| ARE YOU EN | NGAGED | IN ANY ACTIVI | TIES THAT MAY BE PERTINE | NT TO THE JOB FOR WH | IICH YOU ARE APPLYING? | | |
| ARE YOU ENGAGED IN ANY ACTIVITIES THAT MAY BE PERTINENT TO THE JOB FOR WHICH YOU ARE APPLYING? | | | | | | | |

HRP0001-1217 *Human Resource Professionals, Inc.* 1729 Crystal Ridge Way, Vista, CA 92081 Phone

INTERVIEWED BY _____

Phone: (760) 727-1667

DATE ____

E-mail: hrp@pacbell.net

IF YOU HAVE THE RIGHT TO WORK



Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

Contact IER

For assistance in your own language

Phone: 1-800-255-7688 TTY: 1-800-237-2515

Email us

IER@usdoj.gov

Or write to

U.S. Department of Justice – CRT Immigrant and Employee Rights – NYA 950 Pennsylvania Ave., NW Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



— DEPARTMENT OF JUSTICE —

IMMIGRANT & EMPLOYEE RIGHTS SECTION

— CIVIL RIGHTS DIVISION —

Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

www.justice.gov/ier