

GoldenPark LLC Employment Application

DATE
POSITION APPLIED FOR:
MEMO

APPLICANT TELEPHONE: _____ SOCIAL SECURITY NUMBER: _____

YOUR NAME: Last First Middle

ADDRESS:	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, verification will be required.)
	I AM SEEKING A PERMANENT POSITION: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the position with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NECESSARY FOR THE JOB I AM ABLE TO: Work (which shifts)? _____ Work overtime? _____ Provide a valid California Drivers License? _____
	Hourly Wage Rate: _____ /Hour Salary: _____ /Year

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School _____			
College/University _____			
Business/Technical _____			
Other (May include grammar school)			

MILITARY SERVICE: Yes No

Duty/Specialized Training: _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title / Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	
Employer Name and Address	Position Title / Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

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		from	to
		Reason for leaving	
	Supervisor's Name:	Telephone:	
Employer Name and Address	Position Title / Duties Skills	Dates Employed	
		from	to
		Reason for leaving	
	Supervisor's Name:	Telephone:	

Summarize other employment related to this job:

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair:

Professional Licenses, Certifications or Registrations:

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention:

In case of accident or illness please contact: Name:

Daytime phone:

Address:

Relationship:

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature:

Date:

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

Employer Section: