

CALIFORNIA-WEST, INC.
Employment Application



APPLICANT INFORMATION

Last Name		First	M.I.	Birth Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Wage	
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

REFERENCES

Please list three 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			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

LANGUAGES
Are you bilingual? Explain your proficiency in each language (read, write, understand, etc.).

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge and hereby authorize California West to verify this information.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



Date: _____

Employee/Applicant Name: _____

Employee/Applicant Drivers License Number: _____

Employee/Applicant Date of Birth: _____

Employer: California-West, Inc.

Motor vehicle reports may be obtained as part of the evaluation of my job application or employment. The reports may be procured by Morris & Garritano Insurance and may include my driving record, as an assessment of my insurability under the Company's insurance coverages. By signing this disclosure, I hereby authorize the California-West, Inc. to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Signed: _____



CREDIT CHECK AUTHORIZATION

I hereby authorize California-West, Inc. to run a credit check on me for the purpose of determining whether I am qualified to work as an employee who has regular access to personal and confidential information.

Signed: _____

Date: _____