

Application for Employment



Charles E. Thomas Company
13701 S. Alma Avenue
Gardena, CA 90249

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Positions(s) applied for _____ Date of application _____ / _____ / _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone () _____ Social Security Number _____ - _____

If you are under 18, can you furnish a work permit? Yes No
 Have you ever been employed here before? Yes No
 Are you legally eligible for employment in this country? Yes No
 (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work _____ / _____ / _____

Type of employment desired Full-Time Part-time Temporary Seasonal Educational Co-op

Are you able to meet the attendance requirements of the position?..... Yes No
 Have you been convicted of a felony in the last seven (7) years?..... Yes No
 (Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain _____
 Driver's license number (if job-related) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	
From	To	Employer	Telephone
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Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
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From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	

Skills and Qualifications

Summarize any training, skills, licenses, certificates and/characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying _____

Please list career goals _____

Educational Background (if job-related)

Name and Location	Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

References

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

Name of referral (if applicable): _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

We require pre-employment physicals which include testing for drugs.

Signature of Applicant _____ Date _____ / _____ / _____

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected class.

To be completed by applicant. Not for interview purposes. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for _____ Date ____ / ____ / ____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | <input type="checkbox"/> Other _____ | |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ ()
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black (not of Hispanic Origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | |

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- | | | |
|---|---|---|
| <input type="checkbox"/> Vietnam era Veteran (served between 1964-1975) | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Individual with a disability |
|---|---|---|

For Personnel Department Use Only

Position(s) applied for..... Available Not Available

Other positions considered for _____

Hired..... Yes No Date of Hire _____ / _____ / _____

Position hired for _____ Dept _____

Hired by _____ Start Time _____

EEO Classification

- | | | |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and clerical | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes _____

Wage Rate _____ Workers Compensation Class _____

Wage Program Yes No

If yes, please list: _____

- | | |
|------------------------------|-----------------------------|
| APPLICATION..... | DRUG POLICY..... |
| PRE-EMPLOYMENT PHYSICAL..... | EMPLOYMENT AGREEMENT..... |
| DRIVERS LICENSE..... | MEDICAL APP. OR WAIVER..... |
| DMV REPORT..... | MAINTENANCE TECH. RESP..... |
| SOCIAL SECURITY CARD..... | (as it applies) |
| I-9 FORM..... | DIRECT DEPOSIT..... |
| INJURY/ILLNESS (SB198)..... | AFFIRMATIVE ACTION..... |
| W-4 FORM..... | |
| ORIENTATION CHECK LIST..... | |
| EMERGENCY CARD..... | |