

FULLERTON COMPANIES

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age is prohibited.

(Please Type or Print)

TO APPLICANT: Thank you for applying to our company for employment. We appreciate your interest and assure you that we are sincerely interested in your qualifications. In order to place you in the position that best meets our mutual needs we must have a clear understanding of your work-related skills. Please give as much detail as possible on all questions relating to your background and work history.

NAME:		HOME PHONE:	CELL PHONE:
ADDRESS:		EMAIL:	
CITY:		STATE:	ZIP:
ARE YOU 18 OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU ELIGIBLE /AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY ELIGIBILITY.</small>	
WERE YOU EVER EMPLOYED BY US? IF SO, WHEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		DEPARTMENT	
NAMES OF FRIENDS OR RELATIVES EMPLOYED AT FULLERTON:			
POSITION APPLIED FOR (*IF APPLYING FOR DRIVER POSITION SEE BELOW):		DATE AVAILABLE:	RATE OF PAY EXPECTED: \$
WOULD YOU WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		HOW DID YOU HEAR OF THIS OPENING?	SPECIFY DAYS AND HOURS IF PART-TIME OR TEMPORARY:
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	GEOGRAPHICAL PREFERENCES:		
ARE YOU ABLE TO TRAVEL? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY NIGHTS PER WEEK?		
WILL YOU SUBMIT TO A PHYSICAL EXAMINATION IF REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU BEEN BONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	FOR WHAT JOB OR JOBS?		CAN YOU BE BONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
* IF YOU ARE APPLYING FOR A DRIVER POSITION: HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS OR MOVING VIOLATIONS IN THE PAST THREE (3) YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PLEASE EXPLAIN:			
WAS YOUR LICENSE EVER SUSPENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PLEASE EXPLAIN:			

EMPLOYMENT RECORD

List complete employment history, but do not provide dates of employment for jobs held more than five years ago.

COMPANY:		FROM MO/YR	TO MO/YR
ADDRESS:			
PHONE:	TYPE OF BUSINESS:		
TITLE:	IMMEDIATE SUPERVISOR:		
RESPONSIBILITIES AND ACCOMPLISHMENTS:		EARNINGS	
		START	END
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING:		

COMPANY:		FROM MO/YR	TO MO/YR
ADDRESS:			
PHONE:	TYPE OF BUSINESS:		
TITLE:	IMMEDIATE SUPERVISOR:		
RESPONSIBILITIES AND ACCOMPLISHMENTS:		EARNINGS	
		START	END
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING:		

COMPANY:		FROM MO/YR	TO MO/YR
ADDRESS:			
PHONE:	TYPE OF BUSINESS:		
TITLE:	IMMEDIATE SUPERVISOR:		
RESPONSIBILITIES AND ACCOMPLISHMENTS:		EARNINGS	
		START	END
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING:		

COMPANY:		FROM MO/YR	TO MO/YR
ADDRESS:			
PHONE:	TYPE OF BUSINESS:		
TITLE:	IMMEDIATE SUPERVISOR:		
RESPONSIBILITIES AND ACCOMPLISHMENTS:		EARNINGS	
		START	END
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING:		

MILITARY SERVICE

DATES SERVED: FROM MO/YR	TO MO/YR	BRANCH:	POSITION:	RANK:
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EDUCATIONAL RECORD

SCHOOL	NAME	CITY	STATE	LAST YEAR COMPLETED				GRADUATED		DIPLOMA OR DEGREE RECEIVED	GRADE (GPA)
				1	2	3	4	YES	NO		
HIGH SCHOOL								<input type="checkbox"/>	<input type="checkbox"/>		
COLLEGE OR UNIVERSITY								<input type="checkbox"/>	<input type="checkbox"/>		
TRADE SCHOOL OR BUSINESS COLLEGE								<input type="checkbox"/>	<input type="checkbox"/>		

PROFESSIONAL MEMBERSHIPS, CERTIFICATIONS AND ORGANIZATIONS:

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ADDITIONAL SKILLS AND TRAINING

LIST THE MACHINES OR EQUIPMENT THAT YOU KNOW HOW TO OPERATE:

WHAT ADDITIONAL SKILLS, CERTIFICATIONS, TRAINING OR EDUCATION DO YOU HAVE THAT WILL QUALIFY YOU FOR THE POSITION YOU ARE SEEKING?

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PERSONAL AND PROFESSIONAL REFERENCES

Not Former Employers or Relatives

NAME – OCCUPATION	ADDRESS – CITY – STATE	PHONE
1.		
2.		
3.		
4.		

I certify that the statements I have made in this application are true and complete. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release Fullerton Companies from all liability that might result from making an investigation. I understand and agree that if it is subsequently discovered that the information herein is untrue or that I have failed to disclose a material fact, any offer of employment made to me by Fullerton Companies may be immediately withdrawn or if I am already employed by Fullerton Companies, I may be subject to immediate dismissal at Fullerton Companies' option. In such event, the withdrawal of any offer of employment made to me or the termination of my employment shall be without any obligation or liability to me by Fullerton Companies, other than payment for wages at the rate agreed upon for any work I have actually performed for Fullerton Companies.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Fullerton Companies. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

If I become employed by Fullerton Companies, I understand that I have the right to terminate my employment at any time, for any reason, and Fullerton Companies retains a similar right to terminate my employment at any time for any reason. I further agree that no promises have been made to me by anyone from Fullerton Companies, which are inconsistent with the above and that no promises, representations or guarantees concerning the terms of any employment offered me by Fullerton Companies, are binding upon Fullerton Companies unless made in writing and signed by an authorized representative of Fullerton Companies.

I understand that Fullerton Companies requires the successful completion of a urinalysis for drug testing purposes as a condition of employment. By submitting this Application for Employment, I hereby consent to said test, at the Company's discretion."

This is to inform you that in processing the Application for Employment, Fullerton Companies may request prior to or at any time during employment that an investigative consumer report be prepared, which may include information as to your character, general reputation, police record, driving record and work habits. You have the right to request that Fullerton Companies completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Department within a reasonable time after you complete this.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE AND UNDERSTAND THE SAME.

Signature

Date

FULLERTON COMPANIES

AFFIRMATIVE ACTION DATA RECORD

Employees are treated during employment without regard to race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, age, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and *are not* a part of your Application for Employment or personnel file. ***PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.***

(Please Print)				
				Date _____
Last Name _____		First Name _____		Middle Name _____
Address _____				
Number	Street	City	State	Zip Code
Telephone Number _____			Social Security Number _____	
REFERRAL SOURCE:				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk In	<input type="checkbox"/> Government Employment Agency		
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Private Employment Agency		
<input type="checkbox"/> Employee	<input type="checkbox"/> Other _____			
Position(s) Applied For: _____				
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Check One Of The Following (Ethnic Origin):				
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native		
<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander			

FOR AFFIRMATIVE ACTION PROGRAM USE ONLY

Position Applied For Is Open: Yes No

Interviewed: Yes No

Position(s) Considered For: _____

Date _____