



WHEN COMPLETE FAX TO 310-397-4325

Name: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Address \_\_\_\_\_  
Street City State Zip Code

How long have you lived in the area? \_\_\_\_\_

Means of Transportation \_\_\_ Car \_\_\_ Bike Other (Specify) \_\_\_\_\_

In Case of Emergency Notify: Name \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

Education: Present/Last School Attended \_\_\_\_\_ years completed \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Contact \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Contact \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Contact \_\_\_\_\_

Check(x) Yes or No to the Following Questions:

- Are you over 21 years old? \_\_\_\_\_ yes \_\_\_\_\_ no
- If Under 18 years, Can you submit a work permit? \_\_\_\_\_ yes \_\_\_\_\_ no
- If Hired, Can you show a valid proof of age? \_\_\_\_\_ yes \_\_\_\_\_ no
- Can you submit verification of your legal right to work in the USA? \_\_\_\_\_ yes \_\_\_\_\_ no

**IN THE EVENT OF MY EMPLOYMENT, I AGREE THAT:**

Any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the company, when discovered. If hired, my employment may be terminated by the company at any time without prior notice and with or without cause, unless otherwise provided in any written existing agreement. You may request each employer, person, company or school named above to answer all questions that may be asked in connection with this application. Upon termination any money owed to me, shall become due only after my personal accounts have been duly verified.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date