

531 S. Hwy. 59, Merced, CA 95340 • 209-722-4145 / Fax 209-722-4359

APPLICANT INFORMATION												
Last Nam	ne			First					M.I.	D	ate	
Street Address								Apartment/Unit #				
City	City			State					ZIP			
Phone				E-mail A	l Address							
Date Available Position A			Position Ap	pplied								
Have you ever worked for this company? YES			YES 🗆	NO 🗆	If so, w	nen?						
EDUC	ATIC	N										
High School				Address								
Did you g	graduat	re?		YES 🗆	NO 🗆	De	gree					
College				Address								
Did you graduate?				YES 🗌	NO 🗆	De	gree					
Other				Address								
Did you g	graduat	e?		YES 🗌	NO 🗆	De	gree					
REFE												
		e professional references.										
Full Name	е				F	Relatio	nship					
Company	/				Phone							
Address												
Full Name	Full Name				Relationship							
Company	Company				Phone							
Address	Address											
Full Name				Relationship								
Company				Phone								
Address	Address											
PREVIOUS EMPLOYMENT												
Company					Phone							
Address					Supervisor							
Job Title												
Responsibilities												

From	То	Reason for Leaving						
May we	contact your previous superv	isor for a reference? YES	NO \square					
Company			Phone					
Address			Supervisor	Supervisor				
Job Title								
Responsib	pilities							
From	То	Reason for Leaving						
May we	contact your previous superv	isor for a reference? YES	NO \square					
Company			Phone	Phone				
Address			Supervisor					
Job Title								
Responsib	pilities							
From	То	Reason for Leaving						
May we	contact your previous superv	isor for a reference? YES	NO 🗆					
MILIT	TARY SERVICE							
Branch				From To				
Rank at	Discharge			Type of Discharge				
If other t	than honorable, explain							
DISC	LAIMER AND SIGN	ATURE						
Please	Read Carefully, Initia	ıl Each Paragraph and Sig	n Below					
I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.								
Initials references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.								
Initials employme or the Cor	is intended to create an employ ent is for no definite or determina	ment contract between me and the Cor ole period and may be terminated at an epresentations contrary to the foregoing	npany. In addition, I time, with or witho					
	·	·		bility to work in the United States and to complete				
Initials	the required employment eligib	ility verification document form upon hi	re.					
Signature	e:			Date:				