

# Employment Application CALIFORNIA

## Personal Information

_____	_____	_____	_____
First Name	Middle Name	Last Name	Date
_____		_____	
Street Address		City	
_____	_____		
State	Zip Code		
_____	_____	_____	_____
Home Phone	Mobile Phone	Work Phone	Extension

## Desired Position

_____	_____	<input type="checkbox"/> Day	<input type="checkbox"/> Night	<input type="checkbox"/> Either
Job / Position Desired	Wage / Salary Desired			

## Background Information

Are you at least 18 years of age? (Required for production facility jobs only)  Yes  No

If hired, can you submit evidence of authorization to work legally in the United States?  Yes  No

## Education Information (Most Recent First)

_____	_____	_____
Degree	Major / Field of Study	School Attended & Location
_____	_____	_____
_____	_____	_____

Indicate the highest grade completed \_\_\_\_\_

## Referral Source

Who referred you to Decore-ative Specialties? \_\_\_\_\_

Have you previously worked at Decore-ative Specialties?  Yes  No

If yes, when and at which facility? \_\_\_\_\_

Do you have family members currently employed with Decore-ative Specialties?  Yes  No

If yes, then who? \_\_\_\_\_



Decore.com

## Employment History

### Job 1

May we contact this employer?  Yes  No

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

\_\_\_\_\_  
Hire Date Last Day Name of Supervisor Supervisor Phone Number

Responsibilities \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

### Job 2

May we contact this employer?  Yes  No

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

\_\_\_\_\_  
Hire Date Last Day Name of Supervisor Supervisor Phone Number

Responsibilities \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

### Job 3

May we contact this employer?  Yes  No

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

\_\_\_\_\_  
Hire Date Last Day Name of Supervisor Supervisor Phone Number

Responsibilities \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

## References

Please provide four (4) references other than **friends** and / or **family**.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Initials **At-Will Employment Relationship**

I understand and agree that if I am employed by the Company, the employment is for no definite period of time, and that it is an employment-at-will relationship, meaning that either I or the company can terminate my employment at any time, for any reason, with or without cause and with or without notice. I agree that this is the entire agreement between myself and the Company concerning length and termination of my employment, and that it can only be modified by an instrument in writing signed by the President of the Company.

\_\_\_\_\_ Initials **Release and Indemnification**

In consideration for the Company considering my application for employment, I hereby waive, release, and hold harmless the Company, its owners, officers, managers, employees, agents, any credit agencies and previous employers from any and all claims that I may have concerning, related to or arising out of this application process, including but not limited to the application, background investigation, reference check, credit investigation, DMV investigation, and drug testing.

\_\_\_\_\_ Initials **Background Investigation and Reference Check**

I hereby authorize the Company to conduct an investigation of my background, including but not limited to all statements made by me in this application. I authorize the Company to contact my prior employers and to receive references from my previous employers.

\_\_\_\_\_ Initials **Drug Testing**

I understand that my employment is contingent upon my passing a drug screening, and I authorize the Company to conduct such a screening. I agree to take such a screening at the clinic chosen by the Company and to have the results reported to the Company.

\_\_\_\_\_ Initials **Eligibility for Right to Work**

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_ Initials **Employment Application**

I hereby certify that I have knowingly withheld any information that might adversely affect my chances 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.

I certify that I have read and agree to the provisions set forth above indicated by my initials. I also certify under penalty of perjury that the foregoing statements are true and correct. I understand and agree that any misrepresentation or omission of facts constitutes grounds for my dismissal, and that I will be discharged for such misrepresentation or omission.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Applications will not be considered without a signature and/or date.



Decore.com

RTA Cabinets    Doors    Drawer Fronts    Drawer Boxes    Moldings    Accessories    Finishing    Hardware