

APPLICATION

FOR

EMPLOYMENT

NORTHSTAR SERVICES

Return completed application to
PO Box 1430, Shingle Springs, CA 95682
Fax 530-672-2503
Email northstardsp@gmail.com

An Equal Employment Opportunity Employer

PERSONAL INFORMATION

(Please Type or Print)

Date: _____

| | | | |
|--|---|-------|--------|
| Full Name | Last | First | Middle |
| Current Address | City | State | Zip |
| Telephone (_____) _____ | Message Phone (_____) _____ | | |
| Work Phone (_____) _____ | May we call you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Email _____ | | | |
| Position Applying For: | | | |
| Will you accept: | | | |
| <input type="checkbox"/> Full-Time? <input type="checkbox"/> Part-Time? <input type="checkbox"/> Temporary? <input type="checkbox"/> On-Call? <input type="checkbox"/> Night? <input type="checkbox"/> Saturdays? <input type="checkbox"/> Sundays? | | | |
| What date will you be available to start employment? _____ | | | |
| How did you find out about this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> EDD <input type="checkbox"/> Other (please specify) _____ | | | |

CHECK YES OR NO TO EACH OF THE FOLLOWING QUESTIONS. EXPLAIN WHEN NECESSARY.

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you over 18 years of age? (If no, a work permit or proof of emancipation will be required.) |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a valid California driver's license? (A current motor vehicle report may be required if driving is necessary for the position for which you are applying.) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Can you provide proof after you are hired that you can legally work in the United States? (If hired, you will be required to submit proof of the legal right to work in the United States.) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Can you, with or without accommodation, perform all of the essential functions of the job for which you are applying? We will consider all reasonable accommodations that may be necessary for a qualified applicant to perform the essential functions of the job. |

EDUCATION/TRAINING

1. Name and location of schools (high school, college, trade, business or correspondence).

| Name | Location | Graduate? | Subjects Studied | Degree |
|------|----------|-----------|------------------|--------|
| | | | | |
| | | | | |
| | | | | |

2. **Special Training:** List below any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.
3. **Licenses/Certificates:** List any licenses or certificates you have which may help to qualify you for the position for which you are applying. Include driver's license, typing, steno or software certificates, professional registration, etc.

| Training | Title | State | Number | Date Expires |
|----------|-------|-------|--------|--------------|
| | | | | |
| | | | | |

4. **Languages:** List any experience you have which may help to qualify you for the position for which you are applying.

EMPLOYMENT HISTORY

List your entire work experience BEGINNING WITH YOUR PRESENT OR LAST JOB. Show promotions as separate jobs. Be sure to include appropriate military experience. If you need additional space, please supply all requested information on a separate sheet and attach to this application.

Dates of Work
From _____
Mo. Yr.

To _____
Mo. Yr.

Full-Time Part-Time
Hrs. per Week _____

Employer's Name _____ Phone# _____

Address _____

Supervisor's Name _____ Title _____

Your Title _____

Describe Your Duties _____

May we contact this employer?
Yes No

Reason for Leaving _____

Dates of Work
From _____
Mo. Yr.

To _____
Mo. Yr.

Full-Time Part-Time
Hrs. per Week _____

Employer's Name _____ Phone# _____

Address _____

Supervisor's Name _____ Title _____

Your Title _____

Describe Your Duties _____

May we contact this employer?
Yes No

Reason for Leaving _____

Dates of Work
From _____
Mo. Yr.

To _____
Mo. Yr.

Full-Time Part-Time
Hrs. per Week _____

Employer's Name _____ Phone# _____

Address _____

Supervisor's Name _____ Title _____

Your Title _____

Describe Your Duties _____

May we contact this employer?
Yes No

Reason for Leaving _____

REFERENCES

| <u>Name</u> | <u>Address</u> | <u>Phone</u> | <u>Relationship</u> |
|-------------|----------------|--------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**PLEASE READ CAREFULLY AND INITIAL
EACH PARAGRAPH BEFORE SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

Initials

I understand, where permissible under applicable law, I may be subject to a pre-employment drug screening after receiving a conditional offer of employment, and must successfully pass a drug screening before being permitted to commence work with the Company.

Initial

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company.

Initial

I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

Initial

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initial

I expressly understand and agree that either the Company or I may terminate my employment relationship with the Company at any time, with or without cause or notice.

Initial

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment other than in a document signed by the President of the company or his/her authorized representative.

Initial

I certify that all of the above information is true and complete, and I understand that any falsification or material omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Initial

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____ Date _____

Applications will be maintained in accordance with applicable laws.

We consider applicants for all positions without regard to race, color, religion, national origin, age, sexual orientation, marital or veteran status, physical or mental disabilities, or any other legally protected status.