

# APPLICATION FOR EMPLOYMENT



560 Crazy Horse Canyon Road  
Salinas, CA 93907-8402  
(831) 449-4273  
(831) 449-4500 Fax

## THE DON CHAPIN CO., INC. IS AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex (including gender), religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship. Department of Motor Vehicle printout sheet of driving record must be submitted with the Application for Employment.

## PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

Date of Application: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Street City State Zip

3. Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 4. E-Mail Address: \_\_\_\_\_

5. Mobile/Pager/Other: \_\_\_\_\_

6. Are you at least 18 years old?  Yes  No If employed and under the age of 18, can you furnish a work permit?  Yes  No

7. Do you have a legal right to work in the United States?  Yes  No

If employed, you will be required to provide proof.

8. Have you applied to The Don Chapin Co., Inc. for employment in the past?  Yes  No

If yes, when? \_\_\_\_\_ Position applied for: \_\_\_\_\_

9. Do you have any relatives currently employed by The Don Chapin Co., Inc.?  Yes  No

If yes, who? \_\_\_\_\_ What relation to you? \_\_\_\_\_

10. Have you ever used another name that we would need in order to verify your employment experience and education?

Yes  No If yes, indicate such name and the date the name changed: \_\_\_\_\_

11. Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime?  Yes  No

*Do not disclose convictions related to the possession or use of marijuana more than two years ago.*

If yes, state when, where, and the nature of such conviction: \_\_\_\_\_

*(In accordance with company policy, this information will be reviewed for job-relatedness and time since last conviction.)*

12. Are you currently employed?  Yes  No If yes, may we contact your current employer at anytime?  Yes  No

You may contact my current employer, but only when: \_\_\_\_\_

# POSITION

- Position for which you are applying: \_\_\_\_\_  

First Choice
Second Choice
- Salary/wage desired: \_\_\_\_\_ per \_\_\_\_\_
- Are you available to work:
 

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call
<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime	<input type="checkbox"/> Split Shift
<input type="checkbox"/> Other: _____			
- When would you be available to start working? \_\_\_\_\_
- How did you hear about the availability of the position for which you are applying?
 

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Other: _____		
- If the position for which you are applying requires the use of a vehicle, do you have a valid driver's license?  Yes  No  
 License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Have you been given a Job Description, or have the requirements of the job been explained to you?  Yes  No  
 Do you understand these requirements?  Yes  No
- Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?  Yes  No
- Can you meet the attendance standards of our company, which requires all employees to report for work on time for all scheduled days or shifts?  Yes  No

# SPECIAL SKILLS AND TRAINING

- Describe specialized training, apprenticeships, skills or research: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- List current certifications and/or professional licenses, if any, and where registered: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Office/business equipment and software qualified or trained to use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Check special skills or training:
 

	<b>Software</b>	<b>Please List Programs (i.e., Word, Excel, etc.):</b>
<input type="checkbox"/> Keyboarding _____wpm	<input type="checkbox"/> Word Processing	_____ <input type="checkbox"/> basic <input type="checkbox"/> advanced
<input type="checkbox"/> Sales	<input type="checkbox"/> Spreadsheet	_____ <input type="checkbox"/> basic <input type="checkbox"/> advanced
<input type="checkbox"/> First Aid Card	<input type="checkbox"/> Accounting	_____ <input type="checkbox"/> basic <input type="checkbox"/> advanced
<input type="checkbox"/> Blue Print Reading	<input type="checkbox"/> Other	_____ <input type="checkbox"/> basic <input type="checkbox"/> advanced
<input type="checkbox"/> Heavy Machinery		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> Fork Lift		

5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

# EMPLOYMENT EXPERIENCE

**Directions:** Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

**THE FOLLOWING MUST BE COMPLETED IN DETAIL— RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.**

1.

Employer		<b>Dates Employed</b>		<b>Key Responsibilities</b>
		From	To	
Address				
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
<b>Why?</b>				

2.

Employer		<b>Dates Employed</b>		<b>Key Responsibilities</b>
		From	To	
Address				
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
<b>Why?</b>				

3.

Employer		<b>Dates Employed</b>		<b>Key Responsibilities</b>
		From	To	
Address				
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
<b>Why?</b>				

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title
7.	Employer	Dates Employed from _____ to _____	Address	Job Title

## EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE		MAJOR	Circle Last Year
High School				9 10 11 12
Community College		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2
College/University		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Graduate School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Business/Trade/Night School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4

## EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone
			( )
			( )
			( )

## CERTIFICATION

**DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.**

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of The Don Chapin Co., Inc. regardless of the time that has elapsed before discovery.

I authorize The Don Chapin Co., Inc. or its designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to The Don Chapin Co., Inc. from all liability or responsibility with respect to information supplied to The Don Chapin Co., Inc..

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

I understand that filing this application in no way assures me a position with The Don Chapin Co., Inc., and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either The Don Chapin Co., Inc. or myself. I further understand that no one other than the President of The Don Chapin Co., Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed by The Don Chapin Co., Inc., I agree to abide by the rules, policies and procedures of The Don Chapin Co., Inc. and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that The Don Chapin Co., Inc. believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of The Don Chapin Co., Inc. during the time of my employment. Pre-employment drug screen is required if you are a successful applicant and are hired.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date