



EMPLOYMENT APPLICATION

The Don Chapin Company, Inc.
560 Crazy Horse Canyon Road
Salinas, CA 93907-8402
(831) 449-4273
(831) 449-4500 Fax
DonChapin.com

The DON CHAPIN COMPANY, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of Ancestry, Gender/Gender Identity/Gender Expression, Sexual Orientation, Marital Status, Race including Religious Dress and Grooming Practices, Color, Religion or creed, National origin or ancestry including Language Use, Sex including Pregnancy, Childbirth, Breastfeeding and/or Related Medical Conditions, Age (over 40), Physical or mental disability including HIV/AIDS, Medical Condition including Genetic Characteristics, Cancer or History of Cancer, Veteran status or Military Status, Genetic information, Citizenship, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements on this form and/or during the interview maybe 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. **Email Address** _____
5. **Are you at least 18 years old?** Yes No *If employed & under the age of 18, can you furnish a work permit?* Yes No
6. **Do you have a legal right to work in the United States?** Yes No
 If employed, you will be required to provide proof.
7. **Have you applied to The Don Chapin Company, Inc. for employment in the past?** Yes No
 If yes, when? _____ Position applied for: _____
8. **Do you have any relatives currently employed by The Don Chapin Company, Inc?** Yes No
 If yes, who? _____ What relation to you? _____
9. **Have you ever used another name that we would need to verify your employment experience and education?**
 Yes No *If yes, indicate such name and the date the name changed:*

10. **Are you currently employed?** Yes No *If yes, may we contact your current employer at any time?* 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 you are applying for 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 standard 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:

<input type="checkbox"/> General Office Procedures <input type="checkbox"/> Internet Savvy <input type="checkbox"/> Management <input type="checkbox"/> Computer Skills <input type="checkbox"/> Construction	<input type="checkbox"/> Customer Service <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Accounting <input type="checkbox"/> Written/Verbal Communication Skills <input type="checkbox"/> Front Desk/Information	<div style="text-align: center;">Please Check Software and List Programs (i.e., Word, Excel, etc.):</div> <input type="checkbox"/> Word _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Excel _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Crystal Reports _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Accounting _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Other _____ <input type="checkbox"/> basic <input type="checkbox"/> adv.
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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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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	Choose Last Year
High School		N/A	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade/Night School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 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, the undersigned applicant, have personally completed this application. I further 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 by The Don Chapin Company, Inc. regardless of the time elapsed before discovery. I additionally certify that I have not 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 hereby authorize The Don Chapin Company to thoroughly investigate my 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 Don Chapin 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. I further authorize The Don Chapin Company to request and consider a Department of Motor Vehicles driving record if my position required me to operate a motor vehicle on behalf of the Company.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and The Don Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the President of the Company.

If employed by The Don Chapin Company, Inc., I agree to abide by the rules, policies and procedures of The Don Chapin Company, 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 Company, Inc. believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of The Don Chapin Company, Inc. during the time of my employment. Pre-employment drug screen is required if you are a successful applicant and are hired.

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.

Signature of Applicant

Date