

# Application For Employment



P.O. Box 20579  
Bakersfield, CA 93390-0579

## Personal Information

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
RESIDENT ADDRESS		CITY	STATE ZIP CODE
PHONE NO. ( )	ALTERNATE PHONE NO. ( )	REFERRED BY	

## Employment Questionnaire

POSITION DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HRS./WK _____	DATE YOU CAN START	SALARY DESIRED
ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? IF NOT, DO YOU HAVE A WORK PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>WORK AVAILABILITY</b>  MONDAYS _____ TO _____  TUESDAYS _____ TO _____  WEDNESDAYS _____ TO _____  THURSDAYS _____ TO _____  FRIDAYS _____ TO _____  SATURDAYS _____ TO _____  SUNDAYS _____ TO _____
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? (Proof of identity and U.S. citizenship or immigration status will be required, if hired)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU CURRENTLY EMPLOYED? IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANOTHER JOB? <i>If your answer is "Yes", explain in detail on a separate sheet of paper.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?  IF SO, WHERE? _____ WHEN? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?  IF SO, WHERE? _____ WHEN? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING AT SEQUOIA SANDWICH CO.?  IF SO, WHO? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK AND DRUG TEST AS A CONDITION OF EMPLOYMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
THIS JOB MAY REQUIRE STANDING FOR LONG PERIODS OF TIME, LIFTING UP TO 50 LBS, REPETITIVE HAND/ARM MOTIONS, AND THE SERVING AND HANDLING OF FOOD AND EQUIPMENT IN A SANITARY AND HEALTHY MANNER. IS THERE ANY REASON WHY YOU CANNOT PERFORM THESE ESSENTIAL JOB FUNCTIONS? <i>If your answer is "Yes", explain in detail on a separate sheet of paper.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SUBJECTED TO A DEFERRED ADJUDICATION ON A FELONY CHARGE? <i>If your answer is "Yes", explain in detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not necessarily disqualify you, but a false statement will.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## Education History

	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

CONTINUED ON OTHER SIDE

# Employment History (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

## References

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE BELOW**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate termination.

I authorize investigation of all statements contained herein and the references, schools and employers listed above to give you any information concerning my previous employment and pertinent information they may have, personal or otherwise, and release them and The Sequoia Sandwich Company from any damage that may result from utilization of such information.

I also understand and agree that no representative of The Sequoia Sandwich Company 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, unless it is in writing and signed by an authorized Sequoia Sandwich Company representative. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Sequoia Sandwich at any time without prior notice for any reason. I also understand that Sequoia retains the right to demote, transfer, change job duties, and change compensation at any time. I understand that if hired, this statement is part of the employment agreement between Sequoia and me, and will be binding upon me.

The Sequoia Sandwich Company is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state or provincial law.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

**The Sequoia Sandwich Company maintains a strict policy against the use of unlawful drugs and alcohol. All job applicants who receive offers of employment with the company must submit to and pass a drug screening test. All offers of employment are conditioned upon the successful completion of the testing procedure.**

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

APPLICATION ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_ STORE # \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

REMARKS

INTERVIEWED BY:	DATE:	HIRED
FOR STORE #	START DATE:	POSITION:
APPROVED BY:	DATE:	PAY RATE: