



EMPLOYMENT APPLICATION

2900 Adams Suite B-16 (951) 354-8187
 Riverside, Ca 92504 fax(951) 354-2930
 www.coasigns.com

Last Name		First	Middle	Date
Street Address				Home Telephone ()
City, State, Zip				Business Telephone ()
Have you ever been/applied for employment with us? If yes: Month and Year _____ Location _____				E-mail Address
IF applying for a HUMAN DIRECTIONAL position: are you available for Saturday & Sunday part-time work? Yes No If not, What day can you work?				Social Security #
What cities/areas are you available to work in?				Pay Expected \$
Are you legally eligible for employment in the United States?		Are you 14 years of age or older? Yes No (If under 18 years of age, you will need to furnish a work permit application form before being considered for employment).		When will you be available to begin work? _____

EDUCATION:

SCHOOL	NAME & LOCATION	GRADUATED		MAJOR SUBJECTS	GPA
		YES	NO		
MIDDLE SCHOOL					
HIGH SCHOOL					
COLLEGE					
OTHER (SPECIFY)					

GENERAL:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL TRAINING: _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES SEX, MARITAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS)

(COMPLETE THE OTHER SIDE)

FORMER EMPLOYERS: LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

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

REFERENCES: GIVE THE NAME OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	PHONE NUMBER	BUSINESS	YEARS AQUAINTED
1.	()		
2.	()		
3.	()		

IN CASE OF EMERGENCY, NOTIFY: _____
(NAME)

ADDRESS: _____ PHONE: () _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ DATE: _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED: YES NO START DATE: _____ HOURLY: _____