

Where did	you see ou	r ad?
-----------	------------	-------

Who were you referred by?

## APPLICATION FOR EMPLOYMENT – <u>PLEASE COMPLETE EVERY SECTION</u>

California Barricade, Inc. is an Equal Opportunity Employer.

If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name First N	ame	Middle Initial	Social S	Security Numb	er	
Street Address City/Sta	ate	Zip Code	Date o	f Birth		
Phone Number		Email Address				
If hired, can you provide evidence of legal eligibility to work in the U.S.? ☐Yes ☐No		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.				
Position		Desired Hourly Wage				
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending? (Convictions are evaluated on a case-by-case basis for each position and are not automatically disqualifying. Attach additional sheets as necessary.)		If yes, when?		re?		
Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by California or federal law.				
	Educat	tion & Experience				
Name of high school:	City 8	& State	Graduate □Yes □No	GED □Yes □No		
Name of college or technical scho	,	& State	Graduate ☐Yes ☐No	Degree	Major	
Are you presently enrolled in scho	ool? If yes	If yes, give name & address of school and expected degree date:				
List any job-related skills or accomplishments, including military service:						
Availability For Work						
Date you can begin work:  Schedule Desired:	Do yo	Total hours per week you are available to work:  Do you have any special requests or needs for a work schedule?				
Serieure Desireu.		Are you available to work nights, weekends & holidays?				
	□Yes	s 🗖 No				

Provide Three Professional Refer	ences That Are No	t Former Employers Who We Ma	ay Contact	
Name and Occupation		How do you know them, and for how long?	Phone Number	
	Employment H			
List names of employers with present or last employer listed for Name of Employer:	Job Tit		after you are offered a position.	
Duties:				
Address:	Dates	Dates of Employment:		
	From:	To:		
City, State, Zip Code		pay or salary:		
Cupamiaan		Starting pay: Ending pay:		
Supervisor: Telephone:	Keasor	n for Leaving:		
тегерионе.				
Name of Employer:	Job Tit	le:		
	Duties	:		
Address:	Dates	of Employment:		
	From:	То:		
City, State, Zip Code	-	pay or salary:	N/.	
Supervisor:	Startin Reason	g pay: Ending pa n for Leaving:	iy.	
Telephone:	ricusor	Troi Leaving.		
·				
Name of Employer:	Job Tit	le:		
Duties:				
Address:	Dates of Employment:			
City, State, Zip Code	From:	pay or salary:		
city, State, Zip code	Startin	• •	av:	
Supervisor:		n for Leaving:	.,,.	
Telephone:				
I certify that all of the information provided in this empinvestigation of all statements contained in this application incomplete information may disqualify me from further clater date.  I authorize the investigation of any or all statements comployers, and other organizations to provide information	oloyment application a on, including a crimina consideration for empl ontained in this applica on concerning my prev	I background and credit history check. oyment and may result in my immedia ation and also authorize any person, so rious employment and other relevant in	I understand that any false or te discharge if discovered at a chool, current employer, past nformation that may be useful	
in making a hiring decision. I release such persons and on I understand and acknowledge that unless otherwise employment relationship with the California Barricade, I and the Employer may discharge the Employee at any tin	defined by applicab	le law or written agreement with C ployment at will." This means the Emp	alifornia Barricade, Inc., any oloyee may resign at any time	
I have read, understand, and agree to the above stateme	ents.			
Signature:		Date:		

## DRIVERS LICENSE AUTHORIZATION MOTOR VEHICLE RECORDS

Date:		
To: California Barricade Rentals From:	s Inc	
	n company business. I understa bloyer's insurance requires my d running a Motor Vehicle Recor	
By this letter, I hereby authorize the possession of my driver's license nu to send a copy of my Motor Vehicle	ımber, obtain the necessary mo	tor vehicle records and authorize them
This authorization will be valid until	such time I leave my employer.	
*Please print your full name:		
Last Name	First Name	Middle Name
Driver's License Number		Date of Birth (if not California ONLY)
Signature		Date