



EMPLOYMENT APPLICATION  
1610 W. Linden Street  
Riverside, CA 92507  
An Equal Opportunity Employer

Today's Date: \_\_\_\_\_

<b>Please Print</b>					
LAST NAME		FIRST NAME		INITIAL	Home Telephone ( ) ( )
Present Address		Apt/Space #	City		State Zip
Permanent Address (if different from present address)		Apt/Space #	City		State Zip
Position Applying For:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have your own vehicle as transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No *Field positions are required to have a personal vehicle		
If hired, can you submit certification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about this employment opportunity? <input type="checkbox"/> Employment Development Department <input type="checkbox"/> Department of Social Services <input type="checkbox"/> WCD&P Website <input type="checkbox"/> Recruitment Card / Flyer <input type="checkbox"/> WCD&P Employee, State Name: _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other, please describe: _____				

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed. _____
<b>Note:</b> We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

<b>Personal Information</b>					
Have you ever worked for this company under your current name or any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name(s) & date(s) below: Name (if different): _____ Dates: _____					
<b>EDUCATION</b>	Name & Address	Course Major	Did You Graduate	Years Completed	Degree Received
High School					
College					
Graduate School					
Technical, Business, Vocational School					
List any foreign languages and proficiency (read, write, speak).					
List any certificates or licenses obtained and date received.					

<b>References:</b> List any references that we may contact.			
1. Name	Address	City	State, Zip
Relationship	Home Phone No.	Cell No.	Years Known
2. Name	Address	City	State, Zip
Relationship	Home Phone No.	Cell No.	Years Known

**EMPLOYMENT HISTORY PLEASE PRINT**

***THIS SECTION MUST BE COMPLETED –List below all present and past employment starting with your most recent employer (last 4 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. ATTACH AN ADDITIONAL SHEET IF NECESSARY.***

1	FROM (MO-YR.)	COMPANY NAME	JOB TITLE / POSITION	COMPANY PHONE #
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	FROM (MO-YR.)	COMPANY NAME	JOB TITLE/POSITION	COMPANY PHONE #
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	FROM (MO-YR.)	COMPANY NAME	JOB TITLE/POSITION	COMPANY PHONE #
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	FROM (MO-YR.)	COMPANY NAME	JOB TITLE/POSITION	COMPANY PHONE #
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby 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 further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorized West Coast Drywall and Paint to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all information related to my work records, without giving me prior notice of such disclosure.

\_\_\_\_\_ I hereby release West Coast Drywall and Paint, 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 understand that it is a 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 eligibility verification document form upon hire.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATIONS WITHOUT SIGNATURES WILL BE DENIED**