

**APPLICATION
FOR
EMPLOYMENT**



An Equal Employment Opportunity Employer

PERSONAL INFORMATION

(Please Type or Print)

Date:

Full Name	Last	First	Middle
Current Address	City	State	Zip
Telephone ()	Message Phone ()		
Work Phone ()	May we call you at work? YES NO		
Email			
Position Applying For:	// Available start date:		
Will you accept:			
<input type="checkbox"/> Full-Time? <input type="checkbox"/> Part-Time? <input type="checkbox"/> Temporary? <input type="checkbox"/> On-Call? <input type="checkbox"/> Night? <input type="checkbox"/> Saturdays? <input type="checkbox"/> Sundays? <input type="radio"/> Overtime			
What date will you be available to start employment?			
How did you find out about this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> EDD <input type="checkbox"/> Other (please specify)			

CHECK YES OR NO TO EACH OF THE FOLLOWING QUESTIONS. EXPLAIN WHEN NECESSARY.

Yes No

- ☐ ☐ Are you over 18 years of age? (If no, a work permit or proof of emancipation will be required.)
- ☐ ☐ Do you have a valid California driver's license? (A current motor vehicle report may be required if driving is necessary for the position for which you are applying.)
- ☐ ☐ Can you provide proof after you are hired that you can legally work in the United States? (If hired, you will be required to submit proof of the legal right to work in the United States.)
- ☐ ☐ Can you, with or without accommodation, perform all of the essential functions of the job for which you are applying? We will consider all reasonable accommodations that may be necessary for a qualified applicant to perform the essential functions of the job.
- ☐ ☐ Do you have reliable transportation?

EDUCATION/TRAINING

1. **IMPORTANT NOTICE:** This is a very significant document. You should use care as you complete it. Answer each item accurately and completely. Failure to do so may result in you not being considered for a position. In addition, if inaccurate or omitted information is discovered after your employment has begun, your employment may be terminated.

If you have ever used a name other than your current name for work or education purposes, list all previous names you have used:

(Note: This information is necessary for verification of your prior work and education history)

Name and location of schools (high school, college, trade, business or correspondence).

Name	Location	Graduate?	Subjects Studied	Degree

- Special Training:** List below any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.
- Licenses/Certificates:** List any licenses or certificates you have which may help to qualify you for the position for which you are applying. Include driver's license, typing, steno or software certificates, professional registration, etc.
- | Training | Title | State | Number | Date Expires |
|----------|-------|-------|--------|--------------|
| | | | | |
- Languages:** Spoken
- Service Record**
Branch of Military Service: Enter date Discharge date.

EMPLOYMENT HISTORY

List your entire work experience BEGINNING WITH YOUR PRESENT OR LAST JOB.

HISTORY OF UNEMPLOYMENT:

Please list any periods of more than one month since you left school or during the last ten years. During which you were not employed.

List: _____

Employer's Name _____ Phone# _____	
<u>Dates of Work</u> From _____ Mo. Yr.	Address _____
To _____ Mo. Yr.	Supervisor's Name _____ Title _____
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hrs. per Week _____	Your Title _____
Describe Your Duties _____ _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving _____

Employer's Name _____ Phone# _____	
<u>Dates of Work</u> From _____ Mo. Yr.	Address _____
To _____ Mo. Yr.	Supervisor's Name _____ Title _____
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hrs. per Week _____	Your Title _____
Describe Your Duties _____ _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving _____

Employer's Name _____ Phone# _____	
<u>Dates of Work</u> From _____ Mo. Yr.	Address _____
To _____ Mo. Yr.	Supervisor's Name _____ Title _____
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hrs. per Week _____	Your Title _____
Describe Your Duties _____ _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving _____

REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE READ CAREFULLY AND INITIAL
EACH PARAGRAPH BEFORE SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

Initials

I understand, where permissible under applicable law, I may be subject to a pre-employment drug screening after receiving a conditional offer of employment, and must successfully pass a drug screening before being permitted to commence work with the Company.

Initial

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company.

Initial

I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

Initial

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initial

I expressly understand and agree that either the Company or I may terminate my employment relationship with the Company at any time, with or without cause or notice.

Initial

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment other than in a document signed by the President of the company or his/her authorized representative.

Initial

I certify that all of the above information is true and complete, and I understand that any falsification or material omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Initial

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____ Date _____

Applications will be maintained in accordance with applicable laws.

Light Source 1, Inc. is proud to be an equal opportunity employer. Dedicated to a policy of non-discrimination in employment on any basis, we consider applicants for all positions without regard to race, color, religion, national origin, age, sexual orientation, gender expression, physical or mental disability (that may be reasonably accommodated), medical condition, trans-gender, transitioning, ancestry, gender identity, sex/gender, genetic information, family status, military & veteran status, citizenship or any other status or condition protected by local, state or federal law.

I authorize the investigation of all statements contained in this application and any accompanying documentation provided by me and further authorize any person, employer (except as expressly noted to the contrary), and organization identified in this application form to provide the company with records, information and opinion that may be useful in making a hiring decision. I release all informants from all liability for any damage that may result from furnishing information and opinion to you provided that such information and opinion is truthful or made in good faith. _____ Initial

I understand that, if hired, I may not hold other employment, nor engage in other activities, that create a conflict of interest with my position with the company. _____ Initials