



Employment Application

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those age 40 or over), or any other basis protected by federal, state, or local law.

Personal Information

please print clearly

Today's Date: _____

Last Name _____ First _____ Middle _____
 Street Address _____ City/State/Zip _____
 Phone (____) _____ Social Security No. _____
 Driver's License No. _____ State Issued _____ Expiration Date _____
 How did you find out about this job? Newspaper Referral Other _____
 Minimum salary expected _____ Are you at least 18 years old? Yes No
 Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required if hired.)
 Have you been convicted of a crime? (California applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.) Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Employment Data

Are you seeking: Temporary Full-time Part-time What position(s) are you applying for? _____
 What hours and shift(s) would you prefer to work? _____
 What hours and shift(s) would you prefer not to work? _____
 Please indicate any shift(s) you would not be available to work. _____
 Are you willing to work Weekends? Yes No Holidays? Yes No Overtime (Hourly Employees) Yes No
 Are you currently employed? Yes No If hired, when would you be able to start? _____
 List any friends or relatives employed by this company: _____
 Are you on layoff and subject to recall? Yes No
 Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe: _____

 Are you able to perform all these tasks with or without reasonable accommodation? Yes No Please describe which tasks, if any, you will need accommo-dation to perform, and explain what type of accommodation you will need: _____

 Please describe: _____

Education (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D	College: 1 2 3 4 5 6 7 8
Name of School: _____ Name of School: _____	Name of School: _____
Location of School: _____ Location of School: _____	Location of School: _____
If in high school, are you enrolled in a recognized co-op program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree & Major: _____
If yes, identify program and school: _____	Minor: _____

Military Service

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____
List any special skills or training: _____

Work History (Please list your last four employers. Begin with the most recent.)

- Company** _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
- Company** _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
- Company** _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
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- Company** _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

May we contact all of the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why:

How many jobs have you had in the last five years that are not listed above? _____

Why are you seeking a new position at this time? _____

List any business-related outside interests and organizations you're active in: _____

By signing this application you are hereby acknowledging that when you become a Panolivo Employee:

- **your employment is at will and may be terminated at any time**
- **your schedule (day of the week, increase or decrease in the number of hours) may change to accommodate the needs of our business**
- **you agree to abide by Panolivo house rules as described in the Panolivo's Employee Handbook that will be handed to you on your starting day**

Please sign and date the application.

Applicant's Signature _____ Date _____

Mail or Fax to: Panolivo – 1344 Park Street – Paso Robles CA 93446 Phone (805) 239-3366 Fax (805) 239-3336