



SPECIALTY PRODUCTS

Delivering Value

A NON-SMOKING FACILITY

SANTA FE SPRINGS HOME OFFICE:

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2478 N. Sunnyside Ave.
Fresno, CA 93727
800-827-4389
Fax 559-291-2433

SAN JOSE, CA
1155 Mabury Rd.
San Jose, CA 95133
800-767-0719
Fax 408-287-2004

SAN MARCOS, CA
431 Daisy Lane
San Marcos, CA 92078
800-237-5233
Fax 760-471-3351

SACRAMENTO, CA
524 Galveston St.
W. Sacramento, CA 95691
800-533-0816
Fax 916-374-0900

LAS VEGAS, NV
3455 W. Lake Mead Blvd.
N. Las Vegas, NV 89032
866-472-3695
Fax 702-638-8515

PORTLAND, OR
13010 NE David Circle
Portland, OR 97230
877-827-4381
Fax 503-252-2782

TEMPE, AZ
1059 West Geneva Dr.
Tempe, AZ 85282
800-352-5548
Fax 480-517-0766

DALLAS, TX
10539 Maybank Dr.
Dallas, TX 75220
800-345-9387
Fax 214-357-4541

HOUSTON, TX
1225 N Post Oak Rd.
Houston, TX 77055
800-901-9746
Fax 713-682-4374

SAN ANTONIO, TX
5042 Service Center Dr.
San Antonio, Tx 78218
800-925-3922
Fax 210-662-8686

AUSTIN, TX
404 W Powell Lane Ste 407
Austin, TX 78753
800-896-1259
Fax 512-835-6917

OKLAHOMA CITY, OK
220 NW 67th St.
Oklahoma City, OK 73116
800-522-9701
Fax 405-848-2291

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion, natural origin, or other protected classification.

PERSONAL INFORMATION

Please PRINT clearly and use black or blue ink only.

Date _____

Name _____ Social Security# _____

Other names used in employment _____

Present Address _____
STREET

CITY STATE ZIP

Home Phone Number () _____ Cell Phone Number: () _____

Driver's License No. _____ State _____ Exp. Date _____

Please list all of your residences during the last 10 years. Begin with your current residence.

Table with 5 columns: Address of Residence, City, State & Zip Code, Dates (From Month/Year, To Month/Year), and If rented, give name & address of the person responsible for the collection of rent.

• EMPLOYMENT DESIRED •

Position _____ Salary desired _____

Date you are available _____

Are there any hours, shifts, or days you cannot or will not work? _____

How did you learn of this opening? _____

• EDUCATION •

Name of last Grade, Junior or Senior High School attended and location (City and State)

Do you have a GED Certificate? Yes No

Circle Highest Grade Completed 1 2 3 4 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20

List the names and locations of all Colleges and Universities Attended

	Location		Degree Earned	No. of Units Earned			
	City	State		Qtr.	Sem.	Other Type	No

List the names and locations of Business or Trade Schools attended (Include any related courses or training received)

	Location		Majors and Minors	No. of Units Earned	Sem. or Qtr.	Degree or Certificate Received
	City	State				

If a License or Certificate is required for this position, list those which you possess with dates of expiration.

License or Certificate _____ Date Issued _____ Date Expires _____

• F O R M E R E M P L O Y M E N T •

FROM	<input type="text"/> / <input type="text"/>	Name of Employer _____
TO	<input type="text"/> / <input type="text"/>	Address _____ Telephone () _____
Position _____		Salary _____
Briefly summarize your responsibilities _____ _____		
Reason for leaving _____		
May we contact? () Yes () No Supervisor: _____		

FROM	<input type="text"/> / <input type="text"/>	Name of Employer _____
TO	<input type="text"/> / <input type="text"/>	Address _____ Telephone () _____
Position _____		Salary _____
Briefly summarize your responsibilities _____ _____		
Reason for leaving _____		
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FROM	<input type="text"/> / <input type="text"/>	Name of Employer _____
TO	<input type="text"/> / <input type="text"/>	Address _____ Telephone () _____
Position _____		Salary _____
Briefly summarize your responsibilities _____ _____		
Reason for leaving _____		
May we contact? () Yes () No Supervisor: _____		

Have you ever lied on or falsified a background application or questionnaire? Yes No If Yes, Explain

How would you rate your work performance?

- Above average
- Average
- Below average

How do you describe your traits or qualities as an employee? Please Explain

In your opinion, how would your current supervisor rate your work performance?

- Above average
- Average
- Below average

How many reprimands/warnings have you received at work within the last five years?_____ Please Explain

Have you ever been suspended from work? Yes No If Yes, Explain

Have you ever received any disciplinary action at work? Yes No If Yes, Explain

Have you ever quit a job out of anger? Yes No If Yes, Explain

Have you ever had any problems dealing with the public on any jobs you have held? Yes No
If Yes, Explain

Have you ever been fired or asked to resign? Yes No If yes, please explain.

Have you ever been convicted of a felony? Yes No If yes, describe _____

(Conviction will not necessarily disqualify an applicant from employment.)

• FOR POSITIONS HANDLING COMPANY'S FINANCE •

Have any of your bills ever been turned over to a collection agency? Yes No
If "Yes", please give details (include when, firms involved, circumstances).

• M O T O R V E H I C L E O P E R A T I O N •

Driver's License No. _____ State _____ Exp. Date _____

Name under which license was granted _____

Please list other states where you have been licensed to operate a motor vehicle

State _____ Name under which license was granted _____

State _____ Name under which license was granted _____

State _____ Name under which license was granted _____

State _____ Name under which license was granted _____

Have you ever been refused a driver's license by any state? Yes No

If "Yes", please explain (include when, where, why)

Please list all traffic citations (exclude parking citations) you have received within the last 5 years.

Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license

Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? Yes No

If "Yes", please give details for each accident.

Date _____ location _____ Injury Non-injury

Police Investigation Yes No Police Agency _____

Date _____ location _____ Injury Non-injury

Police Investigation Yes No Police Agency _____

Date _____ location _____ Injury Non-injury

Police Investigation Yes No Police Agency _____

Date _____ location _____ Injury Non-injury

Police Investigation Yes No Police Agency _____

Date _____ location _____ Injury Non-injury

Police Investigation Yes No Police Agency _____

If there is anything you wish to discuss about your driving record, please use the space below.

Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes No
If "Yes", please give details (include what, when, where, why).

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I understand that my employment at this Company is "at will", which means that either I or the Company can terminate the employment relationship any time with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Can you submit verification of your legal right to work in the United States? Yes No

If the position for which you are applying has a minimum age requirement, please answer the following questions.

Are you at least eighteen (18) years of age? Yes No

Are you at least twenty-one (21) years of age? Yes No

Date _____ Applicant's Signature _____