

EMPLOYMENT APPLICATION

6868A Cortona Drive, Santa Barbara, CA 93117

Phone 805-560-9888

HR Fax 805-308-8943

Name:		Date: (Mo/Day/Yr)	Position(s) applied for:	
Address:	Number	Street	City	State ZIP
Telephone(s):		Email:		
List any other name, nickname, or alias you have used:				
Who referred you to us, or how did you hear about this position?				
Type(s) of employment you are seeking:			Date you can start:	
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				
Education:	School name and location	No. of Years	Degree/Diploma	Major/Minor
High School				
College			Yr	
			Yr	
Technical or trade school			Yr	
Describe any other special training you have received:				
WORK EXPERIENCE: You must complete this section even if attaching a resume. Start with your current or most recent position , and account for all periods of employment (including full-time, part-time, and temporary) for the previous five years. Use additional pages if necessary.				
1 Company:	Fm:	To:	Starting salary:	
	Mo / yr	Mo / yr	Final salary:	
Address:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Position:	Supervisor's name:		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
Duties:	Phone number:		EXPLANATION:	
2 Company:	Fm:	To:	Starting salary:	
	Mo / yr	Mo / yr	Final salary:	
Address:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Position:	Supervisor's name:		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
Duties:	Phone number:		EXPLANATION:	
3 Company:	Fm:	To:	Starting salary:	
	Mo / yr	Mo / yr	Final salary:	
Address:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Position:	Supervisor's name:		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
Duties:	Phone number:		EXPLANATION:	

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4 Company:	Fm: To: Mo / yr Mo / yr	Starting salary: Final salary:
Address:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor's name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal
Position:	Phone number:	EXPLANATION:
Duties:		
Explain any periods of unemployment between the positions listed above: (Do not provide any information about physical or mental disabilities or other medical information.)		
ADDITIONAL INFORMATION:		
Do you use alcohol to the extent that it would impair your job performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe	
Is there any reason why you would not be able to conform to our attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe	
Do you have any commitments to another entity, business or person that might affect your employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe	
Can you provide proof of authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you take any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.		
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)		
Is there anything else you would like us to know that will help us make a hiring decision?		
Isolite is an equal opportunity employer and considers qualified applicants for employment without regard to race, color, creed, religion, national origin, sex, sexual orientation, gender identity and expression, age, disability, or Vietnam era, or other eligible veteran status, or any other protected factor.		

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PLEASE READ THIS SECTION CAREFULLY BEFORE YOU 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 the application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate termination if I am employed, regardless of the time elapsed before discovery. _____ (initials)

I authorize the Company to investigate the information in this application and my resume, and further authorize any person or institution, including my current employer (except if noted otherwise above) to provide the Company with records, information, and opinions that may be useful in making a hiring decision, and I release all such informants from all liability for any damage that may result from furnishing information and opinion that is truthful or made in good faith. _____(initials)

If I become employed, I agree to abide by the rules, regulations, policies and procedures of the Company. _____(initials)

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative. _____(initials)

I understand that I will be required to possess a valid driver's license if my job requires me to drive in the course of my work. _____(initials)

I understand that this position may require a background screening, including a credit report. _____(initials)

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. _____(initials)

I waive receipt of a copy of any public record described in the paragraph above.

If offered employment, I understand that I will be required to review, complete and execute various employment documents, including but not limited to, this application, employee handbook and its receipt form, and confidentiality and non-disclosure agreements. I agree that the process of my being hired will not be complete until all employment documents have been signed. _____ (initials)

Signature _____

Date_____