



Cal-Coast Machinery, Inc.

P.O. Box 196, Santa Maria, CA 93456
Fax: (805) 925-8216 Email: smhr@jdccm.com

Application for Employment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Email: _____

Referred By: _____ Social Security No.: _____ - _____

Position Applied for: _____ Preferred Location: Santa Maria Paso Robles Oxnard

Date Available: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma/GED: _____
MONTH / YEAR MONTH / YEAR

College: _____ City: _____ State: _____ Did you graduate? YES NO

From: _____ To: _____ Subjects Studied: _____
MONTH / YEAR MONTH / YEAR

Other Education: _____ City: _____ State: _____ Did you graduate? YES NO

From: _____ To: _____ Subjects Studied: _____
MONTH / YEAR MONTH / YEAR

Special Skills/Certificates/Licenses: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
MONTH / YEAR MONTH / YEAR
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
MONTH / YEAR MONTH / YEAR
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
MONTH / YEAR MONTH / YEAR
 May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In 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 employment eligibility verification document form upon hire.

Applicant Signature: _____ Date: _____

Do Not Write Below This Line

Interviewed By: _____ Date: _____

REMARKS: _____

HIRED FOR DEPT.	POSITION	WILL REPORT (DATE)	SALARY/WAGES \$

APPROVED:

DEPARTMENT MANAGER:	_____	Date: _____
HUMAN RESOURCE MANAGER:	_____	Date: _____
GENERAL MANAGER:	_____	Date: _____