APPLICATION FOR EMPLOYMENT

EBM INC.
25350 MAGIC MOUNTAIN PARKWAY
SUITE 340
VALENCIA, CA 91355
TEL: (661) 481-0845
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EBM INC. IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING AGE, SEX, COLOR, RACE, NATIONAL ORIGIN, RELIGION, MARITAL STATUS, SEXUAL ORIENTATION, POLITICAL BELIEF OR DISABILITY.

FEDERAL LAW PROHIBITS THE EMPLOYMENT OF UNAUTHORIZED ALIENS. ALL PERSONS HIRED MUST SUBMIT SATISFACTORY PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTITY WITHIN THREE (3) DAYS OF BEING HIRED. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME SHALL RESULT IN IMMEDIATE EMPLOYMENT TERMINATION.

PERSONAL INFORMATION

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NO. STREET CITY STATE ZIP

TELEPHONE NUMBER: ( ) SOCIAL SECURITY NUMBER: _____

ARE YOU AT LEAST 18 YEARS OLD? YES ☐ NO ☐
(IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE MINIMUM LEGAL AGE)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES ☐ NO ☐
(IF YES, STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED): _____

EMPLOYMENT DESIRED

POSITION APPLYING FOR: JANITOR ☐ DAY PORTER ☐ CLEAN ROOM ☐ FLOOR ☐ SUPERVISOR ☐ OTHER ☐

LIST ANY SPECIAL TRAINING: _____

FULL-TIME WORK ☐ WHAT DAYS ARE YOU AVAILABLE: _____
OR
PART-TIME WORK ☐ WHAT HOURS ARE YOU AVAILABLE: _____

IF HIRED, ON WHAT DATE CAN YOU START WORK: _____ SALARY DESIRED: _____

ARE YOU CURRENTLY EMPLOYED? YES ☐ NO ☐

IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ☐ NO ☐

EDUCATION

	NAME & LOCATION	GRADUATED?			DEGREE OR DIPLOMA
		YES		NO	
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE / UNIVERSITY					
OTHER (SPECIFY)					

(PLEASE CONTINUE TO OTHER SIDE)

EMPLOYMENT HISTORY: LIST BELOW PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER.

NAME & TELEPHONE OF EMPLOYER	DATE OF EMPLOYMENT	SALARY	POSITION	REASON FOR LEAVING
	FROM TO	$ PER		
	FROM TO	$ PER		
	FROM TO	$ PER		

REFERENCES: LIST BELOW TWO PEOPLE NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE.

NAME (FIRST AND LAST)	TELEPHONE NUMBER	OCCUPATION	YRS. ACQUAINTED

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 UNDERSTAND THAT ANY OMISSION FOR MISSTATEMENT OF MATERIAL FACT ON THE APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYEMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELASPED BEFORE DISCOVERY.

I HEREBY AUTHORIZE EBM INC. TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORDS, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE TO EBM INC. ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE IN ADDITION, I HEREBY RELEASE EBM INC., MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

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 EBM INC. 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 EBM INC., AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON EBM INC. UNLESS MADE IN WRITING AND SIGNED BY ME AND EBM INC. DESIGNATED REPRESENTATIVE.

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

SUPERVISOR: _____

JOB SITE: _____

POSITION: _____

RATE: $ _____ HRS PER DAY: _____ DAYS PER WK: _____

CIRCLE DAYS: SUN MON TUE WED THU FRI SAT

(PAYROLL USE ONLY) EMPLOYEE # _____