Earl Farnsworth Express

2111 Francisco Blvd. East

San Rafael, CA 94901

Employment Application

An Equal Opportunity Employer

Please Print

Date _____ Last Name _____ First Name _____ Middle _____

Present Address

No. & Street _____ City _____ State _____ Zip Code _____

Permanent Address (if different from present address)

No. & Street _____ City _____ State _____ Zip Code _____

Business Phone _____ Home Phone _____ Email Address _____

Employment Desired

Position applying for: _____

Personal Information

How did you hear about our company and this job opening? _____

_____

Have you ever applied to or worked for Earl Farnsworth Express before? ☐ Yes ☐ No

If yes, when? _____

Why are you applying for work at Earl Farnsworth Express ?

_____

Employment Application

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ 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. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name Address City State Zip Code		☐ Yes ☐ No	
College/ University	Name Address City State Zip Code		☐ Yes ☐ No	

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Education, Training, and Experience - continued

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
Vocational/ Business	Name Address City State Zip Code		☐ Yes ☐ No	
Health Care Training	Name Address City State Zip Code		☐ Yes ☐ No	

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: From _____ To _____

Current Employer ?..... ☐ Yes ☐ No

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference?..... ☐ Yes ☐ No

Employment Application

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: From _____ To _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? ..... ☐ Yes ☐ No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Phone Number _____

Address & Street _____ City _____ State _____ Zip Code _____

Occupation _____ No. of Years Acquainted _____

First Name _____ Last Name _____ Phone Number _____

Address & Street _____ City _____ State _____ Zip Code _____

Occupation _____ No. of Years Acquainted _____

First Name _____ Last Name _____ Phone Number _____

Address & Street _____ City _____ State _____ Zip Code _____

Occupation _____ No. of Years Acquainted _____