

Statewide Enterprises, Inc. Employment Application

This application complies with the California Fair Chance Act, Los Angeles Fair Chance Initiative, California Consumer Privacy Act (CCPA), and the Fair Employment and Housing Act (FEHA). Information collected will be used solely for evaluating employment qualifications.

General Data					
Last Name	First Name	Middle			
Have you ever used another name for purposes of employment, education, or reference verification? <u>Yes</u> <u>No</u> If yes, please list name(s) used for employment or education verification purposes only:					
Present Address	Number	Street	City	State	Zip Code
Home Telephone Number ()	Alternative Telephone Number ()	Email Address: _____			
Position Applying for			Date of Application		
Full Time or Part Time			Shift of Hours Preferred		

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? Yes No

Personal Data					
Person to notify in case of an Emergency:		Name	Home Telephone Number ()		
Present Address	Number	Street	City	State	Zip Code
How did you hear of this job opening?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk In	
<input type="checkbox"/> Relative		<input type="checkbox"/> Employment			
<input type="checkbox"/> Other					

List membership in professional organizations which you feel would enhance your application. (You may exclude any whose names would indicate the race, religious creed, color, national origin, ancestry, age, marital status, disability status, gender, gender expression, gender identity, sexual orientation, or military or veteran status of its members.)

If under 18 years of age, are you legally able to provide a valid work permit after a conditional offer of employment? N/A Yes No

Typing Speed (wpm):	
Machines Operated:	
Other training/skills (include bilingual ability if relevant to the position for which you are applying):	

Professional & Technical Applicants Only

Professional License Number:	Expiration Date:	Type of License:	State:
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Can you perform the essential functions of this position, with or without reasonable accommodation?

Yes No

Education	High School	College	Trade, Professional School or other
Name			
Address			
City, State, Zip			
Number of Years			
Course or Major			
Diploma/Degree			

Work Experience

Please note: if you have a resume with you or have submitted one, please only complete left side.

Present Employer	Duties Performed
Length of Service (Dates) From To	
Address	
Telephone Number(s)	
Supervisors Name and Position	
Your job Title	
Reason for leaving	
May we contact them now? ___YES ___ No (If still employed)	
Previous Employer(s)	Duties Performed
Length of Service (Dates) From To	
Address	
Telephone Number(s)	
Supervisors Name and Position	
Your job Title	
Reason for leaving	
May we contact them now? ___YES ___ No (If still employed)	
	Duties Performed
Length of Service (Dates) From To	
Address	
Telephone Number(s)	
Supervisors Name and Position	
Your job Title	
Reason for leaving	
May we contact them now? ___YES ___ No (If still employed)	

Applicant's Statement

I hereby certify that I have been informed of the duties, hours, and working conditions of the position for which I am applying, and that the information I have provided in this application is true and complete to the best of my knowledge. I understand that falsification or omission of material information may be grounds for disqualification or, if employed, immediate termination.

I understand that the Company may verify information relevant to my qualifications after a conditional offer of employment has been made, consistent with applicable law. I agree that if employed, I will abide by all policies and procedures established by the Company.

I acknowledge that my employment is at-will, meaning that I may resign at any time, and the Company may terminate my employment at any time, with or without cause or notice. I further acknowledge that no representative of the Company other than the President has the authority to enter into any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President.

By: _____
Signature of Applicant

Date

Background Check Authorization (Post-Offer Only)

If we extend a conditional offer of employment, you will be asked to complete a separate background check authorization form consistent with the California Fair Chance Act and applicable privacy laws.

California Consumer Privacy Act (CCPA) Notice at Collection

Statewide Enterprises, Inc. collects and uses personal information provided in this application to evaluate your qualifications for employment. Information collected may include identifiers, employment history, and educational data. This information will be retained consistent with the Company's data retention policy and will not be sold or shared for non-employment purposes.

Equal Opportunity Statement

Statewide Enterprises, Inc. is an Equal Opportunity Employer. We do not discriminate against any applicant based on race, color, religion, creed, national origin, ancestry, sex, gender identity or expression, sexual orientation, age, disability, marital status, military or veteran status, or any other characteristic protected by law.

For Company Use Only

Interviewed: Yes No

Remarks:

Employed: Yes No

Starting Date: _____

Job Title: _____

Salary: _____

Dept: _____

By: _____

Name and Title

Date