

APPLICATION



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Applicant Information

Position applied for: _____
 Date of application: _____

Driver's License: _____ Social Security No.: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Cell: _____ Best time to reach you: _____

If yes, explain: _____

Date Available: _____ What days and times are you available to work? : _____ Desired Salary: \$ _____

If you are younger than 18 years old, do you have a work permit? YES NO

Are you currently employed? YES NO May we contact your employer? YES NO

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 been in jail? YES NO Have you ever been convicted on a felony? YES NO

If yes, explain: _____

Have you ever sued an employer? YES NO

If yes, explain: _____

Education

High School: _____ City and State: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ City and State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City and State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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: _____

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: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Specialized training, apprenticeship, skills and extracurricular activities.

List professional trade, business or civic activities and offices held

Special skills: Typing (wpm), writing, language, marketing or sales

Public service/ Nonprofit work

Emergency contact

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Optional health questions

Do you have any chronic illness that could affect your performance with this company? YES NO DECLINE TO STATE

If yes, explain: _____

Are you under the care of a physician? YES NO DECLINE TO STATE

Are you taking any prescription medications? YES NO DECLINE TO STATE

If yes, explain: _____

Have you ever been addicted to any illegal substances? YES NO DECLINE TO STATE

Do you have any allergies? YES NO DECLINE TO STATE

If yes, explain: _____

Do you take medication for allergies? YES NO DECLINE TO STATE

Have you ever been injured on the job? YES NO DECLINE TO STATE

If yes, explain: _____

Are you receiving treatment for an injury? YES NO DECLINE TO STATE

Do you have any non-work related injuries that could affect work? YES NO DECLINE TO STATE

If yes, explain: _____

Have you ever filed a workers' compensation claim or received disability for either physical or stress-related reasons? YES NO DECLINE TO STATE

If yes, explain: _____

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

