



Job Application

PHASE 2 PHASE SUPPLY INC.
29885 2ND STREET BULIDLING G
LAKE ELSINORE, CA 92532

PERSONAL INFORMATION:

NAME: _____ S.S #: _____
 FIRST MIDDLE LAST

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

D.O.B. _____

EMPLOYMENT DESIRED

POSITION: _____ DATE ABLE TO START: _____

SALARY DESIRED: _____ ARE YOU CURRENTLY EMPLOYED: _____

IF SO CAN WE CONTACT YOUR PRESENT EMPLOYER: _____

EVER APPLIED TO THIS COMPANY BEFORE: _____ WHEN: _____



EDUCATION

HIGH SCHOOL NAME AND LOCATION: _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE: _____

SUBJECTS STUDIED: _____

COLLEGE NAME AND LOCATION: _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE: _____

SUBJECTS STUDIED: _____

TRADE OR BUSINESS SCHOOL NAME AND LOCATION: _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE: _____

SUBJECTS STUDIED: _____

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION
ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS
THAN 70 YEARS OF AGE.

GENERAL

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY SERVICE: _____ RANK: _____

PRESENT MEMBER IN NATIONAL GUARD OR RESERVES: _____



FORMER EMPLOYEMENT

DATE MONTH AND YEAR

FROM: _____

EMPLOYER NAME: _____

TO: _____

PHONE #: _____

EMPLOYER ADDRESS: _____

SUPERVISOR: _____

SALARY: _____

REASON FOR LEAVING: _____

POSITION: _____

MAY WE CONTACT: _____

DATE MONTH AND YEAR

FROM: _____

EMPLOYER NAME: _____

TO: _____

PHONE #: _____

EMPLOYER ADDRESS: _____

SUPERVISOR: _____

SALARY: _____

REASON FOR LEAVING: _____

POSITION: _____

MAY WE CONTACT: _____

SPECIAL QUESTIONS

*NOTE: YOU ARE NOT REQUIRED TO ANSWER ANY OF THESE
QUESTIONS BELOW.*

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____

HAVE YOU BEEN CONVICTED OF A FELONY OR A MISDEMEANOR IN THE LAST 10 YEAR? _____

PHYSICAL/MENTAL LIMITATIONS THAT MAY INTERFER WITH PERFORMING YOUR JOB DUTIES? _____



REFERENCES

NAME: _____

ADDRESS: _____

PHONE #: _____

YEARS AQUAINTED: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

YEARS AQUAINTED: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

YEARS AQUAINTED: _____

IN CASE OF AN EMERGENCY NOTIFY: _____

PHONE#: _____



PLEASE NOTE PRIOR TO EMPLOYMENT YOU MAY BE REQUIRED TO PROVIDE YOUR DMV PRINT OUT.

"I CERTIFY THAT FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINATE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE: _____

SIGNATURE: _____

PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED: YES NO POSITION: _____

SALRY/WAGE: _____ DATE TO REPORT TO WORK: _____

SPECIAL NOTES: _____

APPROVED BY: _____ DATE: _____