

3129 Corporate Place Hayward, CA 94545

# **Employment Application**

## **An Equal Opportunity Employer**

(Only complete applications will be considered for employment)

Name Date			Date	
Home Telephone		Cell Phone		
Social Security No	Ema	il		
Present Address		City	04-4-	7:d-
Mailing Address				Zipcode
	Employr	nent Desired		
Position applying for				
Type of Work Regular full-time work	Regular part-time	work Temporary work	(summer or holiday work)	
What days and hours are you available for	r work?			
If applying for temporary work, during wha	at period of time will y	ou be available?		
From		To		
Are you available for work on weekends?	Yes No Wou	ld you be able to work ove	ertime, if necessary? 🗌 Yes	. □ No
If hired, on what date can you start work?		Sa	alary desired	
	<u></u>	I Information		
Have you ever applied to or worked for NO	OR-CAL before?	<b>fes</b>		
Do you have friends or relatives working for	or NOR-CAL? Yes	s 🗌 No		
If yes, state name(s) and relationship				
Why are you applying for work at NOR-CA				
Are you at least 18 years old? Yes I	No (If under 18, hire	is subject to verification th	at you are of minimum legal	l age.)
If hired, would you have reliable means of	transportation to and	from work? Yes N	0	
If hired, can you present evidence of your l	J.S. citizenship or pro	of of your legal right to live	and work in this country? $\Box$	]Yes ☐ No
Are you able to perform the essential func accommodation?	•			<del>)</del>
Note: We comply with the ADA and consider reasonal functions. Hire may be subject to passing a medical ex			le applicants/employees to perform	essential
Are you currently employed? Vas N	lo If so may we c	ontact your current employ	ver? Ves No	

## **Education, Training and Experience**

School	Name and Address	Dates Attended	Did You Graduate?	Degree or Diploma
High School		No dates		
College / University				
Vocational / Business				
Do you have any other e NOR-CAL? If so, please	experience, training, qualifications or skills where explain.	ch you feel make you espe	cially suited for v	vork at
	estions if you are applying for a profession for the job applied for $\square$ Yes $\square$ No Name of	-		
Issuing state	License/certification	number		
Has your license/certifications suspension and date of the suspension and d	ation ever been revoked or suspended? Treinstatement:	es	on(s), date of rev	ocation or
	Employment H	istory		
	past employment starting with your most rece You must complete this section even if at		s sufficient). Acc	ount for all
Name of Employer				
Address	City	Sta	te Zipcode	
	Сіту		•	
Supervisor's Name				

Date of Employment: From	_ To
Your Position and Duties:	
Reason for Leaving:	

### **Employment History (cont.)**

				Name of Employer
				Address
Zipcode	State	Talanhana Na	City	Address
				Type of Business
				Supervisor's Name
			To	Date of Employment: From
				Your Position and Duties:
				Reason for Leaving:
				Name of Employer
 Zipcode	State		City	Address
 •		_ Telephone No		Type of Business
				Supervisor's Name
			To	Date of Employment: From
				Your Position and Duties:
				Reason for Leaving:
				Name of Employer
Zipcode	State		City	Address
				Supervisor's Name
			To	Date of Employment: From
				Your Position and Duties:
Zipcode	State	_ Telephone No	To	Pate of Employment: From

#### **Military Service**

Have you obtained any special	skills or abilities as the result of service in the military	? ☐ Yes ☐ No I	f yes, describe:
	References		
List below three persons not relate	ed to you who have knowledge of your work performa	ance within the last	three years.
Name			
Address			
Address Occupation	City	State	Zipcode
· -			
Telephone No.	Number of Years Acquainted		
Name			
Address	City	04-4-	7in and a
Occupation		State	Zipcode
Telephone No.	Number of Years Acquainted	<u> </u>	
Name			
	04	24.4	
Address Occupation	City	State	Zipcode
Telephone No	Number of Years Acquainted		

### Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any informat and that the answers given by me are true and correct to the beapplicant, have personally completed this application. I under on this application or on any document used to secure employer immediate discharge if I am employed, regardless of the	est of my knowledge. I further certify that I, the undersigned erstand that any omission of misstatement of material factoryment shall be grounds for rejection of this application of
Initial	
I understand that my employment is conditional on a negatunderstand that positive test result shall be grounds for immedalpsed before discovery.	
Initial	
Please be advised that NOR-CAL Moving Services may obtain reporting agencies in connection with your application for em NOR-CAL Moving Services if you are hired or if you are a cont limited to, reassignment, promotion, retention, and rehiring your consumer reports for purposes of evaluation NOR-CAL for assignment to that contract. Such consumer reports may credit standing, credit capacity, character, general reputation, of consumer reports may include, but are not limited to, criced tredit histories, reference checks, verification of education harassment and workplace violence.	ployment and/or at any time during your employment with urrent employee, for employment purposes including, bung. Entities contracting with our company may also review Moving Services for a given contract or for evaluating you include information concerning your credit worthiness personal characteristics, and/or mode of living. Examples minal background reports, motor vehicle driving records
Initial	
I understand that nothing contained in the application, or converge my employment, if hired, is intended to create an employment understand and agree that if I am employed, my employment terminated at any time, with or without prior notice, at the option or representations contrary to the foregoing are binding on the company's designated representative.	ent contract between me and the company. In addition, ent is for no definite or determinable period and may be ion of either myself or the company, and that no promises
Initial	
Your signature below acknowledges that you have read and	understand the above disclosure.
Applicant's Signature	Date