## APPLICATION FOR EMPLOYMENT

[Monterey Concessions], An Equal Opportunity Employer. Reasonable accommodation will be provided under the U.S. Americans with Disabilities Act, as amended, or the California Fair Employment and Housing Act.

Last Name Firs		First Name	e Middle Initial		Social Security Number:			
Street Address City		City/State	Zip Code			Phone Number:		
If hired, work in t		de evidence of le	completing form I-9 and		ent is conditioned upon d providing the appropriate and work authorization.			
Position Desired: Wage/Sala			ry Desired:	Full T	ime?			
possessi statutori own rec	on of a weap ly eradicated ognizance pe t automatically dis	convicted of a fon, or act of dist, or do you have nding trial?squalifying. Attach	shonesty for whe such a case por (Convictions a additional sheets as	nich the recenting for and arrests are necessary.)	ord has not be which you are evaluated on a cas	en sealed out on be-by-case be	d, expur pail or or asis for eac	nged, or n your ch position
Have you ever been ever disciplined, terminated, or resigned because of sexual harassment in the workplace? Please explain any Yes answers on additional sheets with dates and details.								
			18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by California or federal law.			
Name of	high school at	tended:	City & State		Graduate?	GED?		
Name of college or technical school:			City & State		Graduate?	Deg	ree?	Major:
Are you	presently enro	lled in school?	If yes, give name & address of school and expected degree date:					
List any	job-related ski	lls or accomplish	nments, including	g military se	rvice:			
- Your Availability For Work -								
	Monday	Tuesday	Wednesday	Thursday	Friday	Satu	ırday	Sunday
From:								
	urs per week y to work:	ou are	Do you have any special requests or needs for a work schedule?					
	D • 1 700	h D¢	TT/L - A BY (T	D		X7. N# 4	<u> </u>	
Name an	d Occupation		Who Are Not Former Employers Who You do you know them, and for how long?			we May (	Phone Number	
11			ao you know th	oni, and for	now rong;		Thone	1 (0111001

Your Employment History
List names of employers with present or last employer listed first.

	r						
May we contact current employers before you are of	offered a position?						
Name of Employer:	Job Title:						
	Duties:						
Address:	Dates of Employment:						
	From: To:						
City, State, Zip Code	Hourly pay or salary:						
	Starting pay: Ending pay:						
Supervisor:	Reason for Leaving:						
Telephone:							
Name of Employer:	Job Title:						
	Duties:						
Address:	Dates of Employment:						
	From: To:						
City, State, Zip Code	Hourly pay or salary:						
	Starting pay: Ending pay:						
Supervisor:	Reason for Leaving:						
Telephone:							
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11001000	From: To:						
City, State, Zip Code	Hourly pay or salary:						
City, State, 21p Code	Starting pay: Ending pay:						
Supervisor:	Reason for Leaving:						
Telephone:	reason for Bouving.						
Telephone.							
CARFFILLY READ FACH STATEM	MENT BEFORE SIGNING AT THE BOTTOM						
CAREFUELT READ EACH STATEM	LENT BEFORE SIGNING AT THE BOTTOM						
I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.							
I understand and acknowledge that unless otherwise defined by applicable law or written agreement with [Monterey Concessions], any employment relationship with the [Monterey Concessions] will be "employment at will." This means that I may resign at any time and you, the Employer, may discharge me at any time, with or without cause, and with or without advance notice.							
I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I							

release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date: