HEROLD & MILELENZ, INC 3531 51ST Avenue, Sacramento CA 95831 916-422-7493 APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY AND LEGIBLY OR APPLICATION WILL NOT BE PROCESSED

BASIC INFORMATION:

NAME	E:				
			LAST	FIRST	MIDDLE
ADDR	ESS:				
			HOME ADDRESS	СІТҮ	STATE ZIPCODE
ADDR	ESS:				
			MAILING ADDRESS	CITY	STATE ZIPCODE
PRIMA	ARY PH	ONE NU		SECONDARY # OR MESSAGE P	HONE OR MESSAGE NUMBER (CIRCLE ONE)
<u>EMPL</u>	ΟΥΜΕΙ	NT DESI	RED:		
POSIT	ION:				
СОМР	PENSAT	ION DE	SIRED (WEEKLY)	:	
WILL	YOU AC	CECPT:	[Check all that	apply]	
FULL 1	TIME		PART TIME	NIGHTS WEEKENDS TI	EMPORARY
LIST A	NY HO	URS OR	DAYS YOU ARE	NOT AVAILABLE	
DATE	YOUR	AVAILA	BLE TO BEGIN W	'ORK?	
CHEC			O EACH OF THE	FOLLOWING QUESTIONS, EXPLAIN WHE	N NECESSARY.
1.	YES	NO 	Are you over 2	18 years of age? (If no, a work permit or proof	of emancipation will be required)
2.			-	a valid California Driver's License? (A curren essary for the position you are applying for.)	it motor vehicle report may be require
3.				de proof after you are hired that you can I be required to submit proof of the legal right to v	•
4.			employment	r been convicted of a felony? A convictior – all factors involved will be considered. (where and disposition of case:	•

EDUCATION AND TRAINING:

1. Name and location of schools (High School, College, Trade or Skills, Business or Correspondence)

NAME	LOCATIION	GRADUATE?	SUBJECTS STUDIED?	DEGREE?

- 2. Special Training: List any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.
- **3.** Licenses / Certificates: List any Licenses or Certificates you have which may help to qualify you for the position for which you are applying. Include Driver's License, Typing/Clerical Certificates, Professional Registration, etc.:

TITLE	STATE	NUMBER	DATE ISSUED	DATE EXPIRES
4. Languages which you	can speak		, read	
and or write		, fluent	tly.	

WORK HISTORY:

List your entire work experience history, **BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB** and work in reverse order. Show Promotions as separate jobs. Be sure to include appropriate military experience. If you need additional space, please supply all requested information as an addendum to this application.

DATES OF EMPLOYMENT	EMPLOYEERS NAME	PHONE #
FROM	Address	
то	Supervisors Name	Title
MO. YR.	Your Title	
FULL TIME	Describe your duties:	
PART TIME		
HRS. PER WEEK		
Check here if job gave		
you specific skills for		
the job you are now		
applying for	Reason for Leaving:	

DATES OF EMPLOYMENT FROM	EMPLOYEERS NAME Address	PHONE #
MO. YR, TO MO. YR.	Supervisors Name Your Title	Title
FULL TIME PART TIME HRS. PER WEEK	Describe your duties:	
Check here if job gave you specific skills for the job you are now		
applying for	 Reason for Leaving:	

DATES OF EMPLOYMENT	EMPLOYEERS NAME	PHONE #
FROM	Address	
TO	Supervisors Name	Title
MO. YR.	Your Title	
FULL TIME	Describe your duties:	
PART TIME	Describe your duties.	
HRS. PER WEEK		
Check here if job gave		
you specific skills for		
the job you are now		
applying for	Reason for Leaving:	

DATES OF EMPLOYMENT FROM	EMPLOYEERS NAME Address	PHONE #
MO. YR, TO MO. YR.	Supervisors Name Your Title	Title
FULL TIME PART TIME HRS. PER WEEK	Describe your duties:	
Check here if job gave you specific skills for the job you are now		
applying for	 Reason for Leaving:	

DATES OF EMPLOYMENT	EMPLOYEERS NAME	PHONE #
FROM	Address	
TO	Supervisors Name	Title
MO. YR.	Your Title	
FULL TIME	Describe your duties:	
PART TIME	Describe your duties.	
HRS. PER WEEK		
Check here if job gave		
you specific skills for		
the job you are now		
applying for	Reason for Leaving:	

May we contact your current employer if we consider you for the job? If NO, please explain:

If employed, why are you leaving your current position?

I hereby authorize investigation of all information contained in this application for employment as well as all information otherwise submitted by me orally or in writing, in connection with my application for employment. In this regard, I authorize the Employer to request and obtain information concerning my previous employment, educational background, and credit and financial history from all of my prior employers, educational institutions which I have attended, and any credit reporting agency or other organization which may maintain credit and financial information concerning me. I hereby authorize any prior employers, educational institutions which I have attended and credit reporting agencies and other organizations maintaining credit and financial information concerning me to provide such information to the Employer as may be requested, and I hereby release them and each of them from any and all liability for damages of whatever nature arising from furnishing the requested information.

Notice for Consumer Credit Report: A Consumer Credit Report will ___ will not ___ be obtained and evaluated for employment purposes, from ______. Do you wish to receive a copy of the report? Yes__ No___

I certify that the information obtained in this application is true and correct and complete to the best of my knowledge and belief. I understand that any false statement, omission or misrepresentation of facts in connection with this application can be cause for rejection of my application. Or if employed, for my dismissal from employment. I also understand that I am required to abide by all rules and regulations of the Employer.

I hereby understand and acknowledge that if I am employed, my employment relationship with the Employer is of an "at will" nature, which means that I may resign at any time and the Employer may discharge me at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any statement or conduct of any person, unless such change is specifically acknowledged in writing, signed by the President/CEO of the Employer.

I acknowledge that no other promise, agreement or representations have been made contrary to this "at-will" employment agreement, and that this agreement, as acknowledged by my signature below, is the full and complete agreement governing the employer(s) and my rights and obligations concerning termination of my employment.

Signature of Applicant ____

_Date_____

IF APPLICATION IS FILLED OUT ELECTRONICALLY, TYPING FULL NAME HERE IS LEGAL SIGNATURE

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, physical or mental disabilities, or any other legally protected status.