



## Your Previous Work History

Please list the names of your present and previous employers in chronological order, with present or last employer listed first. Be sure to account for **all** periods of time (attach additional page if necessary), including military service and any period(s) of unemployment. If self-employed, give firm name and supply business references. Include any volunteer work. (Add additional page if necessary.)

|                          |                         |              |                            |  |
|--------------------------|-------------------------|--------------|----------------------------|--|
| Present or Last Employer | Employed From (Mo./Yr.) | Starting Pay | Starting Title or Position | Name and Telephone Number Of Last Supervisor |
| Address                  |                         | \$           |                            |  |
| City, State, Zip Code    | To (Mo./Yr.)            | Final Pay    | Final Title or Position    | Reason for Leaving                           |
| Telephone #<br>( )       |                         | \$           |                            |  |
| Present or Last Employer | Employed From (Mo./Yr.) | Starting Pay | Starting Title or Position | Name and Telephone Number Of Last Supervisor |
| Address                  |                         | \$           |                            |  |
| City, State, Zip Code    | To (Mo./Yr.)            | Final Pay    | Final Title or Position    | Reason for Leaving                           |
| Telephone #<br>( )       |                         | \$           |                            |  |
| Present or Last Employer | Employed From (Mo./Yr.) | Starting Pay | Starting Title or Position | Name and Telephone Number Of Last Supervisor |
| Address                  |                         | \$           |                            |  |
| City, State, Zip Code    | To (Mo./Yr.)            | Final Pay    | Final Title or Position    | Reason for Leaving                           |
| Telephone #<br>( )       |                         | \$           |                            |  |
| Present or Last Employer | Employed From (Mo./Yr.) | Starting Pay | Starting Title or Position | Name and Telephone Number Of Last Supervisor |
| Address                  |                         | \$           |                            |  |
| City, State, Zip Code    | To (Mo./Yr.)            | Final Pay    | Final Title or Position    | Reason for Leaving                           |
| Telephone #<br>( )       |                         | \$           |                            |  |

Have you ever been terminated or asked to resign from any job? Yes  No  If yes, Please explain circumstances

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Please explain fully any gaps in your employment history. (If medically related, do not include nature or severity of condition or current status.)

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Please indicate any actual experience, special training and/or qualifications that you have which you feel are relevant to the position for which you are applying.

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## Education

| School Name             | Number of Years Completed (Circle) |    |    |    | Diploma / Degree | Describe Course of Study or Major | Describe Specialized Training, Experience, Skills and Extracurricular Activities |
|-------------------------|------------------------------------|----|----|----|------------------|-----------------------------------|--|
| High School             | 9                                  | 10 | 11 | 12 |                  |                                   |  |
| College/ University     | 1                                  | 2  | 3  | 4  |                  |                                   |  |
| Graduate Professional   | 1                                  | 2  | 3  | 4  |                  |                                   |  |
| Trade or Correspondence |                                    |    |    |    |                  |                                   |  |
| Other                   |                                    |    |    |    |                  |                                   |  |

## Personal References

Please list persons who know you well – **do not include** previous employers or relatives.

| Name | Occupation | Address (Street, City, State, & Zip) | Telephone Number | Number of Years Known |
|------|------------|--------------------------------------|------------------|-----------------------|
|      |            |                                      |                  |                       |
|      |            |                                      |                  |                       |
|      |            |                                      |                  |                       |
|      |            |                                      |                  |                       |

This application will be considered active for a maximum of three (3) months. If you wish to be considered for employment after that time, you must reapply.

I certify that all of the information that I have provided on this application is true and accurate.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## Applicant's Statement & Agreement

In the event of my employment to a position in this company, I will comply with all rules and regulations of this Company, I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provide on this application or any other documents completed in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false, in any respect, I may be dismissed.

**If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company, who is the only person with authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause.**

### **DO NO SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**

***If you have any questions regarding this statement, please ask a Company representative before signing***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I have read the above statements and understand the same.

## **The Doric/Harbor Bay Group of Companies**

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