



EMPLOYMENT APPLICATION

You can mail, fax or email your application to:

Address:
Oakland Pallet Co., Inc.
Attn: Juana Trolan
2500 Grant Ave
San Lorenzo, CA 94580

Fax:
Fax No. (510) 278-2267

e-mail:
juanap@oaklandpallet.net

What location are you applying for? San Lorenzo Modesto Salida Woodland

APPLICANT INFORMATION	Date of Interview (Office use only) ____/____/____
How were you referred to us:	Position Applied for:

First Name:	Initial:	Last Name:
Address:	City:	State: Zip:
Home Ph No:	Cell Ph No:	E-mail:
Date Available to Start: ____/____/____	SSN:	Pay/Salary Desired: \$

1-Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes" go to # 3)
2-If "no", can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No please explain:
3-Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? ____/____/____
4-Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes" go to #6)
5-If not, are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
6-Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Driver's license number (if applicable to position): State:
Alternative Contact Information:
Name: Phone Number:

REFERENCES	
Name:	Phone Number:
Name:	Phone Number:

EDUCATION	
High School:	Address:
From ____/____/____ To ____/____/____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:	
College:	Address:
From ____/____/____ To ____/____/____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:	
Other:	Address:
From ____/____/____ To ____/____/____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:	

PREVIOUS EMPLOYMENT (begin with most recent position)

Date of employment: From ___/___/___ To ___/___/___ Position(s) Held:

Company:

Address:

City

State:

Zip:

Phone:

Supervisor:

Title:

Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Date of employment: From ___/___/___ To ___/___/___ Position(s) Held:

Company:

Address:

City

State:

Zip:

Phone:

Supervisor:

Title:

Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Date of employment: From ___/___/___ To ___/___/___ Position(s) Held:

Company:

Address:

City

State:

Zip:

Phone:

Supervisor:

Title:

Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? Yes No**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand and agree that my employment is "at will" which means that the company may terminate my employment at any time without any previous notice, or cause and similarly, I may resign at any time.

Signature of Applicant:**Date:****FOR OFFICE USE ONLY**

Start Date:

Position:

Salary/Starting Pay Rate:

Comments:

HR Department Signature:

Date: