



EMPLOYMENT APPLICATION

Name: _____

Date:

Please supply the following with your completed application:

All Applicant's

- Personal Resume
- □ A copy of current driver's license card and/or other form of legal identification

Please return completed resume in person to 2280 Hutton Road in Nipomo or by email to <u>dcoleman@roxsand.net</u> & <u>ecoleman@roxsand.net</u>

Name:

Current Address:

	(City	State	Zip
Home Telephone No.		Ce	ell Phone No.	
Residence Addresses during the	Past Ten Years:			
Street	City	State	Zip	Dates
Street	City	State	Zip	Dates
EMPLOYMENT DESIRED: Position Applying For:				
Are you applying for?				
Regular Full-Time Work?				
Regular Part-Time Work?				
What days and hours are you avail				
Are you available to work on weeke				
Would you be available to work ove	ertime, if necessary?			
If hired, on what date can you start:				
Desired rate of pay:				
GENERAL INFORMATION:				
	-			
What has been your favorite/most i	nteresting job? Why?			
What has been your favorite/most i What job did you dislike most? Why	nteresting job? Why?			
What has been your favorite/most i What job did you dislike most? Why PERSONAL INFORMATION	nteresting job? Why?	ore? □YES □ N	<u>۸</u> О	
What has been your favorite/most i What job did you dislike most? Why PERSONAL INFORMATION	nteresting job? Why? /? I for RoXsand/TCP bef	ore? YES I	NO	
What has been your favorite/most i What job did you dislike most? Why PERSONAL INFORMATION Have you ever applied at or worked If yes, when?	nteresting job? Why? /? I for RoXsand/TCP bef			
What do you expect to be doing in the work of the work	nteresting job? Why? /? I for RoXsand/TCP bef	/TCP? □ YES □ M		

Are you at least 18 years old? (if under 18, hire is subject to verification that you are of minimum legal age). \Box YES \Box NO If hired, can your present proof of your legal rights to live and work in the country? \Box YES \Box NO

Are you able to perform the essential function of the job for which you are applying, either with or without reasonable accommodation?

YES
NO

If no, describe the functions that cannot be performed.

(NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuanarelated offenses that are more than two years old need <u>not</u> be listed.) \Box YES \Box NO

If yes, state nature of the crime(s), when and where convicted, and disposition for the case.

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you ever initiated an act of violence in the workplace?

Have you used illegal drugs within the past three (3) weeks?
UYES
NO

If yes, which illegal drug did you use and when?

EDUCATION AND SKILLS:

	□ YES □ NO
	□ YES □ NO
and any foreign languages?	NO
s)?	
	at you feel make you especially suited for
te (and any foreign languages?

Are you currently	employed?	YES	🗆 NO
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FORMER EMPLOYERS: Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Name of Employer				Telephone No		
Type of Business				Your Supervis	or	
Address& Street			City		State & Zip	
Your Position and Duties Dates of Employment:		_		Pay: _		
	rom	То			Starting	Ending
Reason for Leaving May we contact this emplo	oyer for a	reference	e? □ YES □ NO			
Name of Employer				Telephone No		
Type of Business				Your Supervis	or	
Address& Street			City		State & Zip	
Your Position and Duties Dates of Employment:		_		Pay: _		
	rom	То		r ay	Starting	Ending
Name of Employer				Telephone No		
Type of Business				Your Supervis	or	
Address& Street			City		State & Zip	
Your Position and Duties Dates of Employment:		_		Pay: _		
	rom	То			Starting	Ending
Reason for Leaving May we contact this emplo	oyer for a	reference	e? □ YES □ NO			
Have you been discharged If Yes, Explain:		-		ob? 🗆 YES 🗆 NO		
Explain any gaps in your en disabilities or other medical	information	n.)	Do not provide info	rmation about any ph	ysical or menta	1
U.S. Military or Naval Servic						
Rank:			Citations/	Awards:		
List any job-related skills that	at you learn	ed while	in the U.S. Military	or Naval Service:		

REFERENCES:

List three non-employment references that are not related to you, and have known you for at least one year.

1						
Nan	ne	Phone Number				
2.	Address	Years Acquainted				
Nan	ne	Phone Number				
3.	Address	Years Acquainted				
Nan	ne	Phone Number				
	Address	Years Acquainted				
<u>l under</u>	rstand and acknowledge the followi	ng:				
Initials		d to copies of any public records obtained directly by the Company in on for employment. Check one:				
	I waive □ □do not w directly by the Comp	aive mathrmal{Bolder}				
Initials	on this application or on any	I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.				
Initials		I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.				
Initials		I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of both a drug and alcohol screen and job related medical examination.				
Initials	at will and for no definite pe without cause and with or v RoXsand/TCP, no supervis President of the Company	I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President of RoXsand/TCP , no supervisor or manager may alter or amend the above conditions. Only the President of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.				
Initials_	arising out of or relating to r cessation of employment wit neutral Arbitrator (pursuant example only, such claims the Fair Employment and H Civil Rights Act of 1964, as	y and all previously unasserted claims, disputes, or controversies ny employment, my application or candidacy for employment, and/or h RoXsand/TCP , exclusively by final and binding arbitration before a to the Company's Alternative Dispute Resolution Policy). By way of nclude claims under federal, state, and local statutory law, such as lousing Act, Age Discrimination in Employment Act, Title VII of the amended, including the amendments of the Civil Rights Act of 1991, the Act, the law of contract and the law of tort.				
Initials_	documents. I authorize the employers, educational instit	all statements contained in this application and any supporting Company to secure information about my experience from former utions, government agencies, or any references I have provided, and nformation concerning my experience and I hereby release all parties such investigation.				