

EMPLOYMENT APPLICATION

Please type or print clearly and provide all information requested

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Human Resources Department
3788 McCray Street Riverside, CA 92506
(951) 686-1070 (951) 788-1256 Fax

LAST NAME		FIRST	MIDDLE	EXACT TITLE OF POSITION APPLYING FOR:	
ADDRESS			CITY	STATE	ZIP CODE
TELEPHONE NUMBER HOME		SOCIAL SECURITY #			
BUSINESS					
CA DRIVER'S LICENSE #		CLASS	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
		EXPIRATION DATE			
TODAYS DATE:		AVAILABLE DATE TO START WORK			

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Yes No

WILL YOU NOW OR IN THE FUTURE ENQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (E.G. H-1B VISA STATUS)? Yes No

EXPERIENCE: LIST ALL POSITIONS YOU HAVE HELD OVER THE LAST TEN YEARS. LIST YOUR PRESENT OR MOST RECENT POSITION FIRST.

ADD ADDITIONAL SHEETS, IF NECESSARY					
HIRE DATE	TO	<input type="checkbox"/> FULL-TIME	TOTAL TIME	YEARS	MONTHS
		<input type="checkbox"/> PART-TIME			
NAME OF EMPLOYER		TELEPHONE	NAME OF SUPERVISOR/TITLE		
ADDRESS OF EMPLOYER					
EXACT TITLE OF POSITION		SALARY	HR/MO		
REASON FOR SEEKING OTHER EMPLOYMENT				TYPE OF BUSINESS	
DUTIES PERFORMED THAT RELATE TO THE POSITION APPLYING FOR:					

HIRE DATE	TO	<input type="checkbox"/> FULL-TIME	TOTAL TIME	YEARS	MONTHS
		<input type="checkbox"/> PART-TIME			
NAME OF EMPLOYER		TELEPHONE	NAME OF SUPERVISOR/TITLE		
ADDRESS OF EMPLOYER					
EXACT TITLE OF POSITION		SALARY	HR/MO		
REASON FOR SEEKING OTHER EMPLOYMENT				TYPE OF BUSINESS	
DUTIES PERFORMED THAT RELATE TO THE POSITION APPLYING FOR:					

HIRE DATE	TO	<input type="checkbox"/> FULL-TIME	TOTAL TIME	YEARS	MONTHS
		<input type="checkbox"/> PART-TIME			
NAME OF EMPLOYER		TELEPHONE	NAME OF SUPERVISOR/TITLE		
ADDRESS OF EMPLOYER					
EXACT TITLE OF POSITION		SALARY	HR/MO		
REASON FOR SEEKING OTHER EMPLOYMENT				TYPE OF BUSINESS	
DUTIES PERFORMED THAT RELATE TO THE POSITION APPLYING FOR:					

CHECK HIGHEST GRADE COMPLETED: HIGH SCHOOL 9 10 11 12 G.E.D. COLLEGE 1 2 3 4 +

COLLEGE / UNIVERSITY / TRADE SCHOOL ATTENDED	MAJOR	DEGREE

LAST NAME

FIRST NAME

EMPLOYMENT APPLICATION

Are you related to any employee of Webb Associates? Yes No
If yes, name of employee Relationship Department

Have you ever been previously employed by Webb Associates? Yes No

Are you able to meet the attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No s

Clerical skills, if applicable to position applied for: TYPING SPEED ____ NWPM

Have you ever been discharged or forced to resign from a position?
 Yes No If yes, either explain below or attach a detailed explanation.

Have you ever served in the Military? Yes No
If yes, Branch Discharge Date Type of Discharge

Have you ever been convicted of, or pleaded guilty or nolo contendere to, a crime? (Do not identify traffic infractions, misdemeanor marijuana convictions occurring more than two years ago, or convictions for which the criminal record has been expunged, sealed, or eradicated, or misdemeanor convictions for which any probation had been completed and the case dismissed by the court.) Yes # of times No
Did any of the above result in imprisonment? Yes # of times No

List any licenses or professional certificates which are applicable to this position, or additional information regarding your qualifications such as volunteer work, etc.

References: List 3 references names, telephone numbers, and years known (do not include relatives or employers)

- 1.
- 2.
- 3.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.



I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

How did you first learn of this employment opportunity? Friend Webb Employee Other _____

Newspaper or Bulletin Posted Announcement. If so, where?

Name of publication

