

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regarding race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) applied for			Date of Application		
How Did You learn About Us?					
Advertisement	Friend	Inquiry			
Employment Agency	Relative	Other			

Last Name		First Name		Middle Name	
Address		City		State ZIP	
Telephone Number(s)			Social Security Number		

Best time to contact you at home is: _____

If you are under 18 years of age can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse work here? Yes No
If Yes, state name, relationship and location: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa and immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work: _____ What is your desired wage? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

The following information is required from all prospective employee's:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Employment Application (completed & signed) | <input checked="" type="checkbox"/> Copy of Social Security Card* | <input checked="" type="checkbox"/> DMV Report* |
| <input checked="" type="checkbox"/> Motor Vehicle Records Authorisation (completed & signed) | <input checked="" type="checkbox"/> Copy of Driver's License* | * You will need to provide. |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name & Address of School	Course of Study	# of Years Completed	Diploma/Degree
High School				
Other (Specify)				

WORK EXPERIENCE

Start with your recent last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone				
Starting/Present Job Title	Hourly Rates/Salary			
Supervisor	Starting	Final		
Reason for Leaving	May We Contact		Yes	No
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone				
Starting/Present Job Title	Hourly Rates/Salary			
Supervisor	Starting	Final		
Reason for Leaving	May We Contact		Yes	No
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone				
Starting/Present Job Title	Hourly Rates/Salary			
Supervisor	Starting	Final		
Reason for Leaving	May We Contact		Yes	No

COMMENTS: *Include explanation of any gaps in employment.*

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

ADDITIONAL INFORMATION

Other qualifications - Summarize special job-related skills & qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Skills/Equipment Operated)

Windows: 2000/XP	Microsoft Word	Microsoft Outlook	Production/Mobile Machinery (list)	Other (list)
Macintosh OSX	Microsoft Excel	FileMaker Pro		
Typing Speed:	Microsoft Powerpoint	MAS90		
WPM _____	Adobe Illustrator	Adobe Photoshop		
	Adobe InDesign	Web Design		

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING**

Are you capable to perform in reasonable manner, with or without reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

NAME	TELEPHONE	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

MOTOR VEHICLE RECORD AUTHORIZATION

I, , as operator or potential operator of a company vehicle, owned by Expo Marketing & Services, Inc..., agree to drive carefully at any all times, to obey traffic laws and to observe all legal speed limits.

Expo Marketing & Services, Inc..., has the continuing right and authority to check my motor vehicle records on file with the State or other resources, including, without limitations, driving record, financial responsibility, information and prior driving information, whether directly or through The Mahoney Group of Arizona - ("Agent") or Expo Marketing & Services, Inc... - ("Carrier") may deliver any such records to Expo Marketing & Services, Inc... My employment will always be contingent upon an acceptable motor vehicle record.

Employee's Signature

Date

Driver's License Number

License Expiration Date

License Class

State

Employer's Representative



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