



900 Embarcadero Del Mar
 Isla Vista, CA 93117
 phone: (805) 961-1700
 fax: (805) 961-1702

AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

**In order for you to be considered for employment, this application must be filled out in its ENTIRETY.
 Please attach a resume to this completed application**

GENERAL

PLEASE PRINT

Today's Date: ____/____/____
 Month Day Year

Name: _____ Local Telephone Number (____) _____ - _____
 First Middle Last

Present Address: _____
 Street City State Zip

Permanent Address: _____
 Street City State Zip

Are you legally able to work in the United States? Yes No (Proof of identity and legal authority to work in the U.S. is a condition of employment.)

For what position are you applying for?

- Cashier/Food Maker
- Delivery Driver Dishwasher Through what means were you referred to Silvergreens? _____

Have you ever been convicted of a crime?* (Answering yes to this question will not be an absolute bar to an offer of employment.) Yes No
 If yes, please explain below:

*Please see notice on final page before answering. _____

EDUCATION

Type of School	Name of School	Location of School	Major/Minor	Last Year Completed	Diploma/Degree	Grade Average
High School				9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

List extra curricular activities, hobbies, academic awards, honor societies, etc.

WORK SCHEDULE AVAILABILITY

Desired number of hours per week:

Date available for employment:

Please fill in the hours you are **available to work**. Depending on position, shifts can vary from 9:00am to 3:30am.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

WORK EXPERIENCE

Begin with your most recent employer first (Include any relevant volunteer or unpaid work experience.)

From	To	Employer	Telephone Number ()
Hourly Rate/Salary Start \$ per Final \$ per		Address	
Starting Job Title/Final Job Title:		Summarize the Nature of Work Performed and Job Responsibilities	
Immediate Supervisor and Title:			
May we Contact for Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If No, Please Explain:			
Reason for Leaving:			

From	To	Employer	Telephone Number ()
Hourly Rate/Salary Start \$ per Final \$ per		Address	
Starting Job Title/Final Job Title:		Summarize the Nature of Work Performed and Job Responsibilities	
Immediate Supervisor and Title:			
May we Contact for Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If No, Please Explain:			
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Immediate Supervisor and Title:			
May we Contact for Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If No, Please Explain:			
Reason for Leaving:			

EMERGENCY INFORMATION

Emergency Contact Name: _____ Relationship: _____ Phone: (_____) _____

PROFESSIONAL REFERENCES

Please list professional acquaintances excluding family and friends.

Name	Phone Number (_____)	Relationship	Years Known
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Name	Phone Number (_____)	Relationship	Years Known

*In answering this question, do not include: information regarding an arrest or detention that did not result in conviction; information regarding referral to, and participation in, any pre-trial or post-trial diversion program; minor traffic violations; convictions for which the record has been judicially ordered, sealed or expunged; marijuana-related convictions described in California labor code section 432.8 that are more than two years old; misdemeanor successfully completed or discharged and that have been judicially dismissed pursuant to California penal code section 1203.4.

PLEASE READ CAREFULLY BEFORE SIGNING!

I certify that the information given in this application and resume is true and complete to the best of my knowledge and that I have not knowingly omitted any information that may impact the employment decision. I understand that the information may be verified by the Company, and I hereby authorize investigation of all statements contained in this application for employment, contact of references, and I hereby release my present employer and past employers from all liability and damages whatsoever arising from the release of any and all information regarding my employment. If I am employed, in consideration of my employment, I agree to abide by all rules and policies of the Company, I also agree that the duration of my employment will not be for any specified term and may be terminated by me at will or at the will of the Company, with or without cause, and with or without notice, at any time.

SIGNATURE OF APPLICANT: _____ DATE: _____