

How did you hear about this position?	
Newspaper	-
EDD Office	-
Job Fair	-
Trade School, College or University	
Other	
Please check the appropriate box and list your resource (s).	

## **Employment Application**

32032 Dunlap Boulevard Yucaipa, CA 92399-1706 PH. 909-795-2434 We are proud to be a DRUG FREE Workplace!

YES \_\_\_\_\_ NO \_\_\_\_

Screening for this position will be based solely on the Please print legibly. This application is part of the ex determine your eligibility for employment. An incomp Department. All statements are subject to verification. respond to a question on this application, use the "Committee of the committee of the comm	amination procedure and all questions m lete application may disqualify you. Inqu You may be disqualified or terminated afte	nust be answered completely and tiries regarding this application ma	accurately. This information will be used to be directed to the Human Resources
Today's Date: Name of Position for V	Which You Are Applying:		Salary/Pay Rate Expected: \$
Are you currently able to perform all essential job funct	ions of the position you are applying for wi	th or without reasonable accomme	odations? YES NO
Last Name	First		_Middle
Street Address		Home Phone #:( )	
City, State		Zip Code:	
If offered employment, can you provide evidence of	eligibility for employment in the United S	States? YES NO	
Available to work which shifts? DAY	SWING ANY	Date you are available to start v	vork?
Are you available for full-time work? YES NO	O Overtime? YES NO?	Temporary work? YES N	O Part-time? YES NO
Have you ever been employed by Sorenson Engineering	g, Inc.? YES NO If yes, Empl	oyed from to Pe	osition(s)
Have you ever applied at Sorenson Engineering, Inc.?	YES NO If yes, When?	Position(	(s)
EDUCATION: Circle the highest grade completed: 9	10 11 12 13 14 15 16 Grad.		
Name of Last High School Attended	Location	Did you Graduate?	
		If no, do you possess a G. E. D	?
Name(s) of College or University Attended	Location		
		Did you Graduate?	Major
		Did you Graduate?	Major
Name(s) of Vocational/Technical or Other Training	Location	Subject(s)	Degree/Certificate Received
Professional organizations to which you currently belor	ng to and which are job related:		
Certificates or special licenses:			
Conviction Record: Before answering these questions, investigation will be conducted for Felony and Misdem convictions as described below will subject you to imm	eanor convictions. A criminal record does	not automatically disqualify you f	or employment. However, failure to list all
Have you ever pled guilty or "no contest" to, or been configure of YES, please give the date(s) and details:	onvicted of, a misdemeanor or felony?	YES	NO

Have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial?

Present or most recent employe	r: May we contact?	YES NO	
	inay we conduct.		Telephone number
Company name:			( )
Address, street, city and state:			
State job title and duties:			Reason for leaving
Full-time Part-time	Salary at leaving: \$	Hourly/Weekly/Monthly/Annually N	lame of Supervisor
Second most recent employer:	May we contact?	YES NO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			Telephone number
Company name:			Employed (Month/Year) From To
Address, street, city and state:			Reason for leaving
State job title and duties:			
			lame of Supervisor
Third most recent employer:		YES NO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			Telephone number( )
Company name:			Employed (Month/Year) From To
Address, street, city and state:			Reason for leaving
State job title and duties:			Reason for reaving
Full-time Part-time	Salary at leaving: \$		lame of supervisor
Fourth most recent employer:	May we contact?	YES NO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			Telephone number( )
Company name:			Employed (Month/Year)
Address, street, city and state:			Reason for leaving
State job title and duties:			
Full-time Part-time	Salary at leaving: \$	Hourly/Weekly/Monthly/Annually N	Tame of Supervisor
Fifth most recent employer:		YES NO	
			Telephone number
Company name:			Employed (Month/Year) From To
Address, street, city and state:			Reason for leaving
State job title and duties:			
Full-time Part-time	Salary at leaving: \$	Hourly/Weekly/Monthly/Annually N	Tame of Supervisor
	ployment-related references not listed about	ove, who are willing to provide Sorenson	n Engineering, Inc. with information concerning your cl
References: Please list three emptraining and experience.			

his application, or to provide Sorenson Engineering, Inc. with a	dditional information which you believe is relevant
mental or physical disabilities, veteran/reserve	e/national guard or any other similarly
on Engineering, Inc. in part by his/her abilities and went the Employer deems the Employee not suitab to, for any reason whatsoever, including but not wee at any time at will. Employee also maintain	I skills represented to the Employer during ble for position in which he/she was hired, limited to Employee's misrepresentation,
NT REFERENCE CHECK:	
nose name appear on said persons application a	
CAL EXAM BY A DOCTOR OF EMPLO	YER'S CHOICE AT EMPLOYER'S
t from the employee's personnel file. I the uct a physical exam through the Employer's choice	undersigned hereby authorize Sorenson ce of doctor at anytime deemed necessary
I false statements or omissions of fact that have be lismissal from employment. I further authorize as and background. I further understand that if I	en misrepresented on this application shall e Sorenson Engineering, Inc. to conduct am selected as the final candidate for an
Applicant's Signature	Today's Date
	y Employer. We consider all applications for mental or physical disabilities, veteran/reserve plicable laws governing employment practices and on Engineering, Inc. are selected on the basis of a on Engineering, Inc. in part by his/her abilities and vent the Employer deems the Employee not suitable to, for any reason whatsoever, including but not yee at any time at will. Employee also maintain and at will.  NT REFERENCE CHECK:  ive of Sorenson Engineering, Inc., to contact any those name appear on said persons application a and character reference information.  CAL EXAM BY A DOCTOR OF EMPLO employee if it is job related and consistent with the from the employee's personnel file. I the uct a physical exam through the Employer's choinining whether said employee is physically fit to ellow the foregoing information I have provided it of alse statements or omissions of fact that have be lismissal from employment. I further authorize and background. I further understand that if I to and successfully pass a pre-employment drug to