



An Equal Opportunity Employer

**EMPLOYMENT APPLICATION**

**PLEASE PRINT**

Date: \_\_\_\_\_

Please read carefully, write clearly, and answer all questions completely. Only candidates that fully complete all required sections of this application, except for those sections marked "voluntary," will be considered for employment. Not all applicants will be interviewed; only those interviewed will receive a response from the Company.

Name:

\_\_\_\_\_

Last	First	Middle
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Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_

No.	Street	City	State	Zip
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How long have you lived at this address? (if less than five years, provide your former addresses for the past five years): \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? Yes  No

Regular part-time work? Yes  No

Temporary work? Yes  No

What days and hours are you available to work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

Would you be available to work overtime, if necessary? Yes  No   
(Total hours and schedule are at the discretion of the company)

If hired, on what date can you start work? \_\_\_\_\_

Salary or hourly rate desired: \_\_\_\_\_

**PERSONAL INFORMATION**

Have you ever applied to or worked for **Spencer Makenzie's** before? Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for **Spencer Makenzie's**? Yes  No

If yes, state name(s) and relationship \_\_\_\_\_

If the position for which you are applying requires that you drive a vehicle, can you provide proof of your legal right to drive in CA? Yes  No

If hired, would you have a reliable means of transportation to and from work? Yes  No

Are you at least 18 years old? Yes  No

*(If under 18, hire is subject to verification that you are of minimum legal age and have a valid student work permit.)*

If hired, can you present documentation establishing your legal right to employment in the United States?

Yes  No

Have you ever lost or been denied a security clearance? (If yes, please explain on a separate sheet) Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes  No

If no, describe the functions that cannot be performed. \_\_\_\_\_

\_\_\_\_\_  
*(Note: Hire may be subject to passing a medical fitness for duty examination.)*

**EDUCATION, TRAINING AND EXPERIENCE**

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at **Spencer Makenzie's**? If so, please explain:

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**EMPLOYMENT HISTORY**

List below all present and past employment, whether paid or unpaid, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Attach extra pages if necessary. You must complete this section even if attaching a resume. If currently employed, state why you are seeking other employment under "Reason for Leaving").

May we contact your present employer? Yes  No

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

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Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
                    No.                            Street                            City                            State                    Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

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Date of Employment:      From: \_\_\_\_\_      To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of military service that may relate to the position for which you are applying?

Yes         No  

If so, describe: \_\_\_\_\_

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**Please read carefully, initial each paragraph and sign below.**

I understand that persons employed at **Spencer Makenzie's** ("Company") have access to confidential information regarding various phases of the Company business. Therefore, the Company requires new employees, as a condition of employment, to sign a Confidentiality Agreement.

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I understand that information concerning competitors' operations, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Company's employees. The Company will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer.

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In consideration of my employment, if hired, I agree to conform to the rules and regulations set forth by the Company in its policies and practices or as directed by management.

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I understand that each employee of Company is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by the Owner.

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I understand that if offered employment, I may be required to submit to and pass a medical examination to assess my fitness for duty as a condition of beginning my employment.

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I understand that if offered employment I may be required to submit to a drug and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

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I understand that if offered employment, I may be required to submit to a background and reference check as a condition of beginning my employment.

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Signature of Applicant

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Date