



## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

Name (Last)	(First)	Middle Initial	Home Telephone ( ) -
Address	City	State	Zip
E-Mail Address	Cellular Telephone ( ) -		
		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### POSITION

Position or Type of Employment Desired	<b>Will Accept:</b>	<b>Shift:</b>
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, please describe the functions that cannot be performed:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard
What days and hours are you available for work?	Are your available weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applying for temporary work what times will you be available?	Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary Desired	Date Available	

### PERSONAL INFORMATION

Have you every applied to or worked for Inyo-Mono Title Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have friends or relatives that work at Inyo-Mono Title Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and relationship
Are you at least 18 years of age? (if under 18, hire is subject to verification that you are of minimum legal age). <input type="checkbox"/> Yes <input type="checkbox"/> No
Why are you applying for work at Inyo-Mono Title Company?
If hired, would you have a reliable means of transportation to and from work?
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live/work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No

*\*Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination as well as skill and agility tests.*

\*Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, be considered.

**EDUCATION AND TRAINING**

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, list the highest grade completed						
<b>College, Business School, Military (Most recent first)</b>						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Has your License, Certificate or Registration listed above ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state reason(s), date of revocation or suspension and date of reinstatement if applicable						
Languages Read, Written or Spoken Fluently Other Than English						

**VETERAN INFORMATION (Most recent)**

Branch of Service	Date of Entry	Date of Discharge
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**SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)**

**WORK EXPERIENCE (Most Recent First) (Include any military experience)**

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number ( ) -	From (Month/Year)	
Address	Supervisor		
Job Title	Number Employees Supervised	To (Month/Year)	
Specific Duties (Maximum 1000 characters)		Hours Per Week	
		Last Salary	
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Telephone Number ( ) -	From (Month/Year)	
Address	Supervisor		
Job Title	Number Employees Supervised	To (Month/Year)	
Specific Duties (Maximum 1000 characters)		Hours Per Week	
		Last Salary	
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Telephone Number ( ) -	From (Month/Year)	
Address	Supervisor		
Job Title	Number Employees Supervised	To (Month/Year)	
Specific Duties (Maximum 1000 characters)		Hours Per Week	
		Last Salary	
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**References** (List below three persons not related to you who have knowledge of your work performance within the last three years).

Name
Address
Occupation
Telephone Number and years acquainted

Name
Address
Occupation
Telephone Number and years acquainted

Name
Address
Occupation
Telephone Number and years acquainted

**Please read carefully, Initial each paragraph and sign below**

\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution, which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and there is no other agreement as to dispute resolution and there is no other agreement as to dispute resolutions, either oral or written.

\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted during my employment, if hired, is intended to create an employment contract between me and the Agency. In addition, I understand and agree, that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promise or representations contrary to the foregoing are binding on the Agency, unless made in writing and signed by me and the company's designated representative.

**I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interviewer's Comments:**