

Stanton is an Equal Employment Opportunity Employer, dedicated to a policy of non-discrimination in employment on the basis of race, color, age, sex, religion, disability status, national origin, or sexual orientation. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process. We are committed to hire only employees who are eligible to work in United States, we follow practices that comply with mandated laws by the Illegal Immigration Reform and Immigration Responsibility Act of 1996.

Position Applying for:	Desired Salary:	Date available to start:	Today's Date:
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PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
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Current Physical Address:

Street:	City:	State:	Zip Code:
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Mailing address (If different from above):

Street:	City:	State:	Zip Code:
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Home Phone #:	Cell Phone #:	Email:
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Are you at least 18 years old? Yes No

Are you authorized to work in United States? Yes No

If so, can you provide verifiable documentation? Yes No

Have you worked for Stanton before? Yes No If so, when?

Do you have any relatives who are currently employed with us? Yes No

How did you hear about this job?

If a current Stanton employee referred you please state his/her name:

EDUCATION AND TRAINING

High School Graduate or GED Yes No (if no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12)

Educational Institution Name and Location	From	To	Graduated (Y/N) Year	Major or Subject Studied

Licenses or Certificates:	Number:	Where Issued:	Issued Date:	Expiration Date:
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SPECIAL SKILLS AND OTHER LANGUAGES (write, read, speak, fluency)

WORK EXPERIENCE – Starting with your current or most recent employer. Please explain break in employment.

Employer #1:	Address:	Phone Number:
Your Position:	Supervisor:	Employed From: To:

Job Duties:

Reason for Leaving:

Employer #2:	Address:	Phone Number:
Your Position:	Supervisor:	Employed From: To:

Job Duties:
Reason for Leaving:

Employer #3:	Address:	Phone Number:
Your Position:	Supervisor:	Employed From: To:

Job Duties:
Reason for Leaving:

Employer #4:	Address:	Phone Number:
Your Position:	Supervisor:	Employed From: To:

Job Duties:
Reason for Leaving:

PERSONAL REFERENCES – Please list previous supervisors, or co-workers you have known for at least a year.

Name:	Address:	Phone #:	Position:	Years known:

SIGNATURES AND DISCLAIMERS

Authorization to Release Information: *With my signature below, I consent the release of information to duly authorized officers, agents, and/or employees of Pacific Motion. This may include, but not be limited to, information concerning my past and present work including my attendance, evaluations, educational records, military service, law enforcement records, and/or any personnel record deemed necessary to make inquiries and of third parties, such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry, or response given to such inquiries made in connection with my application for employment.*

Signature: _____ **Date:** _____

Certification of Application: *By my signature, I affirm, agree, and/or understand that all statements on this application or any attachment are true and accurate. Any misrepresentation, falsification, or material omission of information, or data on this application or attachments may result in exclusion from further consideration or, if hired, termination of employment.*

Signature: _____ **Date:** _____