



630 East Lambert Road  
 P.O. Box 630 / Brea, CA 92822  
 Tel. (714) 990-4121 Fax (714) 990-3452

**APPLICATION FOR EMPLOYMENT**

**PLEASE READ CAREFULLY – PRINT CLEARLY IN INK – ANSWER ALL QUESTIONS**

Position: \_\_\_\_\_  
 Pay Expected \$ \_\_\_\_\_ per \_\_\_\_\_

**PERSONAL**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Message phone \_\_\_\_\_ If under 18, list age \_\_\_\_\_

Have you ever worked or attended school under a different name?  Yes  No

If yes, please list name \_\_\_\_\_

If offered a job, can you produce evidence that you have the legal right to remain permanently in the United States and accept full time employment?

Yes  No

What shift would you work?  1st  2nd  3rd Overtime?  Yes  No

Date Available? \_\_\_\_\_

Would you work full time? \_\_\_\_\_ Part time? \_\_\_\_\_ If part time, days and hours? \_\_\_\_\_

Were you previously employed by Bristol Industries? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any relatives working for this company \_\_\_\_\_

Are you computer literate?  Yes  No

**Bristol Industries** does not discourage the employment of relatives. However, relatives are not allowed to work for each other or in related departments.

Referred to Bristol Industries by \_\_\_\_\_

Have you ever applied to this company before?  Yes  No If yes, when? \_\_\_\_\_

As an adult, have you ever been convicted of a felony?  Yes  No If yes, please explain(convictions are evaluated for each position and not necessarily disqualifying) \_\_\_\_\_

Acceptance as an employee may be contingent on passing a skills and agility test, a job-related physical and substance abuse test.

If you have served in the United States Military service, please indicate types of duties related to the position(s) you are applying for

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization?

**EDUCATION**

School	Name and Address of School	Course of Study	Last Year Completed	Did You Graduate?	Diploma or Degree
High			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>	
College			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>	
Trade Vocational Business			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>	

Languages you speak, read, and/or write \_\_\_\_\_



BEGIN WITH YOUR PRESENT JOB AND LIST PREVIOUS JOBS IN REVERSE ORDER FOR THE LAST 10 YEARS. INCLUDE SELF-EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN **EXCESS OF ONE MONTH** AS A SEPARATE PERIOD. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR SPECIFIC PERMISSION.

SALARY				JOB TITLE	EMPLOYMENT OR COMPANY NAME	PHONE NO
START \$	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM		TO			CITY, STATE & ZIP	
MO ____	YR ____	MO ____	YR ____		NO. OF EMPLOYEES & TYPE OF BUSINESS	
FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>			YOU SUPERVISOR'S NAME & JOB TITLE	
REASON FOR LEAVING _____						
SALARY				JOB TITLE	EMPLOYMENT OR COMPANY NAME	PHONE NO
START \$	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM		TO			CITY, STATE & ZIP	
MO ____	YR ____	MO ____	YR ____		NO. OF EMPLOYEES & TYPE OF BUSINESS	
FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>			YOU SUPERVISOR'S NAME & JOB TITLE	
REASON FOR LEAVING _____						
SALARY				JOB TITLE	EMPLOYMENT OR COMPANY NAME	PHONE NO
START \$	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM		TO			CITY, STATE & ZIP	
MO ____	YR ____	MO ____	YR ____		NO. OF EMPLOYEES & TYPE OF BUSINESS	
FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>			YOU SUPERVISOR'S NAME & JOB TITLE	
REASON FOR LEAVING _____						
SALARY				JOB TITLE	EMPLOYMENT OR COMPANY NAME	PHONE NO
START \$	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM		TO			CITY, STATE & ZIP	
MO ____	YR ____	MO ____	YR ____		NO. OF EMPLOYEES & TYPE OF BUSINESS	
FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>			YOU SUPERVISOR'S NAME & JOB TITLE	
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SALARY				JOB TITLE	EMPLOYMENT OR COMPANY NAME	PHONE NO
START \$	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM		TO			CITY, STATE & ZIP	
MO ____	YR ____	MO ____	YR ____		NO. OF EMPLOYEES & TYPE OF BUSINESS	
FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>			YOU SUPERVISOR'S NAME & JOB TITLE	
REASON FOR LEAVING _____						

PLEASE LIST TWO BUSINESS REFERENCES WHO KNOW OF YOUR WORK ABILITIES.

NAME	TITLE	BUSINESS PHONE
NAME	TITLE	BUSINESS PHONE

COMMENTS

I understand that there will be a ninety (90)-day introductory period, during which the company and I will evaluate each other, and employment can be terminated at any time.

Your employment with Bristol Industries is at-will. You may terminate your employment at any time for any reason. Bristol Industries may terminate your employment at any time for any reason or without cause. Your status as an at-will employee may not be changed except by an agreement in writing signed by the president of Bristol Industries.

The facts set forth in this application for employment are true and complete. I understand that if employed, misrepresentation or omission of facts called for is cause for dismissal. I authorize investigation of all statements contained in this application.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I understand that I have the right to make a request within a reasonable period of time to receive additional, detailed information about the nature and scope of such investigative report. I hereby release all persons and companies from liability for any damages from the reports.

Signature \_\_\_\_\_

Date \_\_\_\_\_