



EMPLOYMENT APPLICATION

An Equal Opportunity Employer
 P.O. Box 3508, Huntington Beach, CA 92605-3508
 Tel (714) 662-4476 Fax (714) 662-0824 human.resources@chisminc.com

PERSONAL INFORMATION			
Name(First Middle Last)		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City	State Zip
Tel	Social Security #	Drivers Lic #	
Fax	Email	Cell	

APPLYING FOR		
Position	Date Available	Wage Requested
Referred to Chism, Inc. by?		
Resume Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION			
School Level	Name and Location of School	Number of Years attended	Degree / Certificates Earned
High School			
College			
Trade Business Correspondence School(s)			

GENERAL	
Special Training	
Special Skills	
Hobbies/Sports	



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EMPLOYMENT HISTORY			
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present/previous employer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present or Last Employer			Tel
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Ending Salary	Reason for Leaving	
Name of Supervisor		Title	
Description of Work			

Previous Employer			Tel
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Ending Salary	Reason for Leaving	
Name of Supervisor		Title	
Description of Work			

Previous Employer			Tel
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Ending Salary	Reason for Leaving	
Name of Supervisor		Title	
Description of Work			

SERVICE RECORD	
Branch of Service	Discharge Date / Rank
Special Training	



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REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

Ref	Name	Address	Phone	Years Acquainted
1				
2				
3				

Nearest Relative not living with you

Name	Address	Phone	Relationship

HISTORY

Have you been convicted of a Felony within the last 5 years? Yes No

If "Yes" please explain below. (Will not necessarily exclude you from consideration)

DISABILITIES

Do you have any Physical Disabilities that would prevent you from performing the tasks for which you are applying? Yes No

If "Yes" please explain.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal at any time.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from any and all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

_____ Date _____ Signature
 (Wet Signature Required Prior to Hiring) _____ Print Name