



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION		
Position Applying For	Starting Salary Expected	Date Available to Start
Date of Application	Home Telephone	Message Telephone
Last Name (print)	First Name	Middle Name
Address	City State/Zip	E-mail Address
Are you at least 18yrs old?		
List other names under which you may be known to your past employers:		

<p>FOLSOM</p> <p>230 Palladio Parkway, Suite #1213 Folsom, CA 95630</p> <p>Phone (916) 693.6397 Fax (916) 693.6385 <i>info@petragreek.com</i></p>	<p>MIDTOWN</p> <p>1122 16th Street Sacramento, CA 95814</p> <p>Phone (916) 443-1993 Fax (916) 444-3954 <i>info@petragreek.com</i></p>
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EDUCATION

School name and location	Years attended	Area of Study/Degree
High School		
College/University		
Graduate		
Vocational		
Other		

AVAILABILITY

Full time ___ YES ___ NO	Part Time ___ YES ___ NO
Regular hours ___ YES ___ NO	Overtime ___ YES ___ NO
If NO, explain:	
Specify days/hours:	

MISCELLANEOUS

How were you referred?	Are any relatives employed here (e.g., brother, sister, cousins, aunts, uncles)?	___ YES ___ NO
___ petragreek.com	If so, please provide:	
___ Online	Name: _____ Position: _____	
___ Advertisement (Name)	If hired, would you have a reliable means of transportation to and from work?	___ YES ___ NO
___ Employee Referral (Name)	If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States?	___ YES ___ NO
___ Previously Employed (Date)	Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	___ YES ___ NO
___ Drop in (Name)	If no, describe the functions that cannot be performed:	
___ Other	NOTE: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.	

EMPLOYMENT HISTORY

Are you currently employed? ___ YES ___ NO	If so, may we contact your current employer? ___ YES ___ NO
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List ALL of your employers during the past ten years, beginning with the most recent. Complete all requested information, even if attaching a resume.

Name, Address and Telephone Number of Employer:		
Dates Employed:	Salary:	Reason for Leaving:
From: Mo: Yr: To: Mo: Yr:	Start: End:	
Position(s):	Duties:	
Name and Telephone Number of Supervisor:	If current supervisor, may we contact?	___ YES ___ NO

EMPLOYMENT HISTORY

Name, Address and Telephone Number of Employer:

Dates Employed:	From:	To:	Salary:	Reason for Leaving:
	Mo: Yr:	Mo: Yr:	Start: End:	

Position(s):	Duties:
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Name and Telephone Number of Supervisor:	If current supervisor, may we contact?	___ YES ___ NO
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Name, Address and Telephone Number of Employer:

Dates Employed:	From:	To:	Salary:	Reason for Leaving:
	Mo: Yr:	Mo: Yr:	Start: End:	

Position(s):	Duties:
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Name and Telephone Number of Supervisor:	If current supervisor, may we contact?	___ YES ___ NO
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REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least (3) years.

Name:	Address:	Phone:
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Name:	Address:	Phone:
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EMPLOYMENT

Explain any gap in employment for more than 30 days.

APPLICANT'S STATEMENT

(initial each numbered item as read)

___ 1. I certify that all the information I have given on this application is true and complete and that I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that failure to provide complete information or any misrepresentation in the information I provide, whether on this form or otherwise, may lead to refusal to hire me or to termination of employment.

___ 2. I authorize inquiry into my suitability for the position for which I am being considered and I hereby give my consent to present and past employers to release the information necessary to verify my work history and hereby release my present and past employers from all liability for any damages whatsoever arising from the release of any and all information regarding my employment.

___ 3. I understand that there is no offer of an employment contract or guarantee of minimum length of employment and that my employment and compensation can be terminated, with or without notice, with or without cause, at any time, at the option of either the firm or myself. I understand that no employee or other representative of the firm is authorized to make any other representation to employees regarding the term of my employment, and I confirm that no other representation has been made to me.

___ 4. I understand that any offer of employment is subject to verification of employment eligibility as required by the Immigration Reform & Control Act of 1986.

___ 5. I authorize the Firm to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.

___ 6. I understand that the Firm is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Firm has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

___ 7. I understand and agree that in the event of any issue of dispute arising under or involving any provision of the employee's terms of employment with the Firm or the termination of employment (except for claims for worker's compensation, unemployment insurance, and any matter within the jurisdiction of the California Labor Commissioner), the issue shall be submitted to final and binding arbitration, which is explained in more detail in the Firm's Employee Handbook.

___ 8. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing seven (7) statements.

Signature of Applicant:

Date: