



Milpas Rental Inc
An Equal Opportunity Employer
Employment Application

Please Print

Date	Last Name	First Name	Middle
Present Address			
No. & Street	City	State	Zip
Permanent Address (if different from present address)			
No. & Street	City	State	Zip
() ()	- -		
Cell Phone	Home Phone	Social Security Number	CA Diver's License Number

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for Milpas Rental Inc before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Milpas Rental Inc Yes No

If yes, state name(s) and relationship:

Name	Relationship
Name	Relationship

Why are you applying for work at Milpas Rental Inc.?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(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, and to skill and agility tests.)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer	(____) _____ Telephone No.
Type of Business	Your Supervisor's Name
Address & Street	City _____ State _____ Zip _____
Dates of Employment:	_____
From	To
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer _____ Telephone No. (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ - _____ : _____ - _____
From To

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ - _____ : _____ - _____
From To

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ - _____ : _____ - _____
From To

Weekly Pay: _____ - _____
Starting Ending

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

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

_____	_____	(____)_____
First Name	Last Name	Telephone No
_____		_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____)_____
First Name	Last Name	Telephone No
_____		_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____)_____
First Name	Last Name	Telephone No
_____		_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of 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
 Initials 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 on 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
 Initials 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 investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
 Initials be granted or during my employment, if hired, is intended to create an employment contract between me
 and the company. 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 promises or representations contrary to the foregoing
 are binding on the company unless made in writing and signed by me and the company's designated
 representative.

_____ I further understand that any offer of employment will be contingent upon passing a medical evaluation
 Initials including a drug screen.

_____	_____
Date	Applicant's Signature