

# PACIFIC COAST SPRING COMPANY EMPLOYMENT APPLICATION

## PERSONAL INFORMATION TO BE COMPLETED BY APPLICANT

LAST NAME	FIRST NAME	INITIAL
HOME PHONE NUMBER (            )	SEX (M / F )	
STREET ADDRESS (INCLUDE APT.# )	CITY	STATE      ZIP CODE

## BACKGROUND

    

HAVE YOU EVER BEEN CONVICTED OF A CRIME	YES	NO
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IF THE ANSWER IS YES PLEASE EXPLAIN THE CIRCUMSTANCES:

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DID YOU SERVE IT THE U.S. ARMED FORCES?	YES	NO
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WHAT BRANCH:                      DATE OF DISCHARGE:                      TYPE OF DISCHARGE:

ANY INFORMATION {YOU / THE EMPLOYEE} FURNISH {ES} ON THIS APPLICATION THAT IS LATER DEEMED. IN THE COMPANY'S SOLE DISCRETION, TO BE MATERIALLY FALSE OR MISLEADING SHALL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT I AUTHORIZE PACIFIC COAST SPRING COMPANY AND ITS AGENTS TO INVESTIGATE MY REFERENCES, TO COMMUNICATE WITH MY FORMER EMPLOYERS, AND TO CONDUCT INDEPENDENT INVESTIGATION OF MY CHARACTER, CONDUCT, AND EMPLOYMENT RECORDS. **I ALSO AUTHORIZE PACIFIC COAST SPRING TO REQUEST A CREDIT BUREAU REPORT, A CRIMINAL BACKGROUND CHECK, A SOCIAL SECURITY VALIDATION RECORD SEARCHES.** I UNDERSTAND THAT RESULTS OF THESE SEARCHES AND REPORTS MAY BE KEPT AND PRESERVED BY PACIFIC COAST SPRING ALSO, I RELEASE PACIFIC COAST SPRING AND ALL OTHER PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO PACIFIC COAST SPRING. I UNDERSTAND THAT IF I ACCEPT EMPLOYMENT BY PACIFIC COAST SPRING, I WILL BE AN EMPLOYEE AT WILL MEANING THAT PACIFIC COAST SPRING CAN TERMINATED THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE.

I HEREBY AGREE TO VOLUNTARILY PARTICIPATE IN ANY PACIFIC COAST SPRING DRUG SCREENING PROGRAM

SIGNATURE _____	DATE _____
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## NEW HIRE INFORMATION-TO BE COMPLETED BY PACIFIC COAST SPRING

RATE	<input type="checkbox"/>	POSITION
	CHECK ONE NEW      RE-HIRE	
HIRE DATE	WORK START DATE	
SUPERVISOR'S SIGNATURE _____		

# PACIFIC COAST SPRING COMPANY EMPLOYMENT APPLICATION

## WORK EXPERIENCE

FROM	TO	NAME ADDRESS & PHONE NUMBER OF EMPLOYER	SALARY / WAGE	POSITION	REASON FOR LEAVING

## SKILLS – TRAINING - EXPERIENCE

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## PERSONAL REFERENCES

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

## EMERGENCY CONTACT

list two names & phone numbers:

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EMPLOYMENT APPLICATION**

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