

# DEMENNO/KERDOON

## Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

### Personal Information

Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Last)		(First)		(Middle)							
Home Address		City)		State) Zip							
Home Telephone		Business Telephone		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
( )		( )									
Position Applying For: _____			Days and Hours Available	Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Date Available: _____				From							
Are you interested in (check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer				To							
Hourly rate desired:		Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Geographical Preferences:									
How were you referred to us?		Do you have transportation <input type="checkbox"/> Yes <input type="checkbox"/> No					If your under 18 years of age, please State your date of birth _____				

### Education

Type of School	Name and Location of School			Degree/ Area Of Study	Number of Years Attended	Graduated (Check One)		
High School	Name: _____		Address: _____				Yes	No
	City: _____		State: _____ Zip: _____				<input type="checkbox"/>	<input type="checkbox"/>
College	Name: _____		Address: _____				Yes	No
	City: _____		State: _____ Zip: _____				<input type="checkbox"/>	<input type="checkbox"/>
Grad. School	Name: _____		Address: _____				Yes	No
	City: _____		State: _____ Zip: _____				<input type="checkbox"/>	<input type="checkbox"/>
Other	Name: _____		Address: _____				Yes	No
	City: _____		State: _____ Zip: _____				<input type="checkbox"/>	<input type="checkbox"/>

### U.S. Military Service

Branch of Service	Technical Specification	Rank Attained

### Emergency Contact

IN CASE OF EMERGENCY CONTACT (NAME):	PHONE NUMBER ( )
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Are you a U.S. Citizen or do you have right and necessary documents to work in the U.S.?  Yes  No  
 (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act 1986.)

Were you ever discharged by any company?  Yes  No. If yes, give name of company (ies) \_\_\_\_\_

Reason of discharged \_\_\_\_\_

Have you ever been convicted of a crime other then minor traffic violation? The existence of a criminal record will not automatically disqualify you from the job for which you are applying.  Yes  No If yes, please explain the offense and final disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your present employer?  Yes  No  
 Past employer(s)?  Yes  No Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESSES OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY or WAGES	REASON FOR LEAVING
From: ___/___/___ mo. yr. To: ___/___/___ mo. yr.	Name: _____ Address: _____ City: _____ State: _____ Phone ( ) _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From: ___/___/___ mo. yr. To: ___/___/___ mo. yr.	Name: _____ Address: _____ City: _____ State: _____ Phone ( ) _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From: ___/___/___ mo. yr. To: ___/___/___ mo. yr.	Name: _____ Address: _____ City: _____ State: _____ Phone ( ) _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From: ___/___/___ mo. yr. To: ___/___/___ mo. yr.	Name: _____ Address: _____ City: _____ State: _____ Phone ( ) _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	

Have you previously worked for World Oil Marketing Company, Lunday Company, Asbury Environmental Services, [ ] Yes [ ] No  
 Demenno/ Kerdoon or Pan Pacific?

Company \_\_\_\_\_ Location \_\_\_\_\_  
 City & State \_\_\_\_\_ Position Held \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

## References

Business references: (do not list relatives) (please indicate if you were employed under a different name)				
Name	Address	Work Phone #	Title	Years Known
		( )		
		( )		
		( )		

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

(HIRING PERSONNEL: COMPLETE THIS SECTION ONLY AFTER AN OFFER OF EMPLOYMENT IS MADE)				
Job Title:	Date of Birth:	FT or PT	MALE or FEMALE	Start Date:
Request Drug Test [ ] Yes [ ] No	Request Background Check [ ] Yes [ ] No	Rate (Only if Hourly): _____ Per Hour		Next Review Date:
RACE: [ ] White [ ] Black [ ] Hispanic [ ] Asian/Pacific Island [ ] American Indian			Signature of Hiring Individual:	Date of Offer:

**Employment Application Addendum**

Please read each statement closely and initial each statement, acknowledging your understanding

\_\_\_\_\_ **Equal Employment Opportunity Statement**

This Company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

\_\_\_\_\_ **Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) submission to such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating and intimidating, hostile or offensive work environment.

\_\_\_\_\_ **Disclosure to Applicants Concerning Drug/ Alcohol Testing**

If you are offered a position with the Company, you may be given a drug/ alcohol test as a condition of employment. Your refusal to timely submit a drug/ alcohol test or failure to pass such test means you will not be employed by this Company. Neither the collector of specimens nor the professional who reviews the test results will be a Company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute a specimen. Negative test results are required as a condition of employment.

\_\_\_\_\_ **Complete Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my 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 have personally completed this application. I understand that any omission or misstated of material fact on this application, or any other documents 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.

**At-Will Employment**

I understand and agree that if I am employed, my employment will be “at-will,” which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.

**Testing Authorization**

If offered a position with the company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

**Investigation Authorization**

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving, and criminal background.

**Company Obligation**

I understand and agree that the Company’s acceptance of this job application. Does not mean that a position for which I am qualified is open (unless specifically posted) or that the Company has agreed to hire me. I understand that the Company has agreed to hire me. I understand that the Company is under no obligation to hire me as a result of accepting this completed application.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**YOU MUST HAVE A VALID DRIVER’S LICENSE TO BE CONSIDERED FOR EMPLOYMENT**

(IF POSITION REQUIRES DRIVING A COMPANY VEHICLE)

Driver’s License # \_\_\_\_\_

State: \_\_\_\_\_

Expires: \_\_\_\_\_

**Providing false information on this employment application may be a cause for termination of employment or consideration of job offer.**

**2000 North Alameda Street ▪ Compton, California 90222-2702**

**TEL: (310) 537-7100 ▪ FAX: (310) 639-2946**