

Last name		First	MI	Date of application	For HR use only			
Street address				Driver License				
City				State				
State		ZIP	Home telephone	Work telephone				
How were you referred to D'Arrigo? (Check only one)		By your college	Advertisement	Employment agency	By an employee	If any of the previous, give name:	Walk-in	Other

***Please read carefully and complete by printing in ink or typing.***

***An Equal Opportunity Employer***

The Company assures equal employment opportunity with respect to recruiting, hiring, training, compensation, transfers, and promotions. All Company practices will be administered without regard to race, sex, pregnancy, childbirth, and medical conditions related to pregnancy and childbirth, age (40 and over), ancestry, color, religious creed (including religious dress and grooming practices), denial of FMLA leave, disability, marital status, medical condition (cancer and genetic characteristics), genetic information, national origin, gender, gender identity, gender expression, sexual orientation, military or veteran status or any other characteristic protected by state, federal or local law in terms and conditions of employment. Information provided on this application will not be used for any discriminatory purpose.

*Position applied for:* *full time* *part time* *summer/temp*

***Please provide all information requested.***

Are you legally entitled to work in the United States?	yes	no
Do you have a valid driver's license?	yes	no
Do you have relatives working for D'Arrigo Bros. ?	yes	no
If yes, give name		Relationship

***Employment Record***

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on the next page of this form. You may attach a resume, but complete this application as well. Note any periods in which you were not employed.

(1) Last or present company	Type of business	Type or classification of job	
Street address	Phone number	Brief description of job duties	
City	State	ZIP code	
Supervisor's name	Phone number		
Dates worked			
From	To		
Reason for leaving			

<b>(2)</b> Company	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties
City	State	ZIP code
Supervisor's name	Phone number	
Dates worked From	To	
Reason for leaving		

<b>(3)</b> Company	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties
City	State	ZIP code
Supervisor's name	Phone number	
Dates worked From	To	
Reason for leaving		

<b>(4)</b> Company	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties
City	State	ZIP code
Supervisor's name	Phone number	
Dates worked From	To	
Reason for leaving		

May we contact the employers listed above?                      If not, indicate by number which one(s) you do not wish us to contact



**Special Skills**

<i>To be completed by applicant for <u>office or clerical work</u></i>			<i>To be completed by applicant for <u>shop or plant work</u></i>	
Typing:	<i>yes</i> <i>no</i>	Words per minute:	Type of machines operated	Years experience
Computer skills	Hardware Software			

Please list other skills/equipment/language experience you have acquired

List other shop/production skills

Served apprenticeship *yes*  
*no* Type:

**Military Record**

**Branch of Service**

From \_\_\_\_\_ To \_\_\_\_\_  
Present military affiliation:  
None                  Reserve (active)                  Reserve (inactive)

Kinds of training and duty while in service

**Professional/Work References**

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation
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Wage or salary required

Date available

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of driving record, and any other pertinent information that has a bearing upon my employment. I authorize my former employers (except as noted above under Employment Record), and I hereby release all such persons including persons listed under education or references from any liability or damages due to having furnished such information. **I also understand that employment is for no specific time and may be terminated by me or D'Arrigo Bros. Co., of California at the will of either party at any time.**

Date

\_\_\_\_\_  
Signature

If any of your educational or employment records are under other than the above name, please provide other names.

## Authorization for Release of Personal Data

Date:

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me, in connection with an application for employment. I am willing to allow a photocopy of this authorization be accepted with the same authority as the original.

Print Name:

Signature: \_\_\_\_\_