



APPLICATION FOR EMPLOYMENT

Please print or type all information except signature

Equal Opportunity Employer

Applicants for employment are considered without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

Position(s) Applied For:	Date:
Referral Source: <input type="checkbox"/> Walk-in <input type="checkbox"/> Job Search <input type="checkbox"/> Internet <input type="checkbox"/> Other: <input type="checkbox"/> Referred by (name):	

GENERAL INFORMATION

Name:			
	Last	First	Middle
Address:			
	Street	Apt #	City
			State
			Zip
Home Phone:	E-mail Address:		
Cell Phone:			
Have you ever submitted an application or been employed with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a United State citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proof of citizenship or immigration status will be required upon employment.			
Employment desired:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Desired Salary: \$	<input type="checkbox"/> /hour <input type="checkbox"/> /year
When can you begin employment?			
Are you willing to travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		If necessary, are you able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please list two references who are NOT relatives	
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Phone #:	Phone #:

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

Most Recent Employer	Dated Employed	Work Performed:
Name:	From:	
Address:	To:	
	Supervisor/Manager:	
Telephone:	Reason for leaving:	
Job Title Held:		
Previous Employer	Dates Employed	Work Performed:
Name:	From:	
Address:	To:	
	Supervisor/Manager:	
Telephone:	Reason for leaving:	
Job Title Held:		
Previous Employer	Dates Employed	Work Performed:
Name:	From:	
Address:	To:	
	Supervisor/Manager:	
Telephone:	Reason for leaving:	
Job Title Held:		
Previous Employer	Dates Employed	Work Performed:
Name:	From:	
Address:	To:	
	Supervisor/Manager:	
Telephone:	Reason for leaving:	
Job Title Held:		

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City & State)	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. Or Trade School				
Professional School				
Special Honors				

COMPUTER SKILLS				
Check off those computer skills with which you are proficient (any version):				
<input type="checkbox"/> PC User	<input type="checkbox"/> Macintosh User	<input type="checkbox"/> Windows	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Access
	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Internet Explorer	<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Microsoft Publisher
<input type="checkbox"/> Other (specify):				

OTHER SPECIAL SKILLS
Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

DRIVER'S LICENSE		
Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License #:	Issuing State:	
Expiration Date:	DL Classification: <input type="checkbox"/> Operator <input type="checkbox"/> CDL	
Have you had any accidents during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?
Have you had any moving violations during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?

MILITARY (if applicable, please attach a copy of form DD214)
Are you a veteran of the United States military service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:
Branch of Service:
Date Discharged:
Describe any special skills or training acquired while in the service:

EMERGENCY CONTACT		
Please list your primary emergency contact:		
Name:	Relationship:	Phone:

EQUAL EMPLOYMENT OPPORTUNITY

Cisco Air Systems is an Equal Opportunity Employer. All employment decisions at Cisco Air Systems are based on business needs, job requirements and individual qualifications, without regard to race, color, religion or belief, national, social or ethnic origin, sex (including pregnancy), age, physical, mental or sensory disability, HIV Status, sexual orientation, gender identity and/or expression, marital, civil union or domestic partnership status, past or present military service, family medical history or genetic information, family or parental status, or any other status protected by the laws or regulations in the locations where we operate. Cisco Air Systems prohibits discrimination and harassment of any kind. Cisco Air Systems adheres to these policies in all aspects of employment including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits, and training. Cisco Air Systems believes that diversity and inclusion among our teammates is critical to our success as an organization, and we seek to recruit, advance and retain the most talented individuals from a diverse candidate pool.

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated

AT-WILL EMPLOYMENT

It is my understanding that this employment, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be adequate cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by a company designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Cisco Air Systems to investigate my background, military record, motor vehicle records, criminal records, and credit history through an investigative or credit agency or bureau of the Company's choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

An offer of employment is contingent upon the completion of the background investigation satisfactory to Cisco Air Systems in its sole discretion and the applicant providing legally required documentation of eligibility to work in the United States. Cisco Air Systems may waive the requirement to obtain or complete a Background Check at any time. The applicant agrees to submit to a drug screening, to execute all documentations and take all action required in connection with the completion of the Background Check. The applicant acknowledges that he or she is not an employee of Cisco Air Systems until the Employee has received notification from Cisco Air Systems that the Background Check has been completed to the satisfaction of Cisco Air Systems in its sole discretion.

PLEASE SIGN HERE: _____ **Date:** _____

All inquiries regarding Cisco Air Systems' policies should be directed to: Human Resources, 214 27th Street; Sacramento, CA 95816