



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.

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

GENERAL INFORMATION

Name			
	<small>Last</small>	<small>First</small>	<small>Middle</small>
Address			
	<small>Street</small>	<small>Apt #</small>	<small>City</small>
		<small>State</small>	<small>Zip</small>
Home Telephone			Social Security No.
Cell Phone			E-mail address

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 States 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		Dates Employed	Work Performed
Name:	From:		
Address:	To:		
	Salary:		
Telephone:	Supervisor/Manager:		
Job Title Held:	Reason for Leaving:		

Previous Employer		Dates Employed	Work Performed
Name:	From:		
Address:	To:		
	Salary:		
Telephone:	Supervisor/Manager:		
Job Title Held:	Reason for Leaving:		

Previous Employer		Dates Employed	Work Performed
Name:	From:		
Address:	To:		
	Salary:		
Telephone:	Supervisor/Manager:		
Job Title Held:	Reason for Leaving:		

Previous Employer		Dates Employed	Work Performed
Name:	From:		
Address:	To:		
	Salary:		
Telephone:	Supervisor/Manager:		
Job Title Held:	Reason for Leaving:		

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)

- PC User
 Macintosh User
 Windows
 Microsoft Word
 Microsoft Access
 Microsoft Excel
 Internet Explorer
 Microsoft Outlook
 Microsoft Publisher
 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? Yes 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? Yes 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 _____

BACKGROUND INFORMATION

Applicants having sealed conviction records granted by court order may answer "no" to the following:

Have you been convicted of a misdemeanor? No Yes If yes, please explain below (include charge, plea, date, disposition):

Have you ever been convicted of a felony? No Yes If yes, please explain below (include charge, plea, date, disposition):

Have you ever been sued in a civil action for an intentional violation of the law? No Yes If yes, please explain below

**Note: Answering "Yes" to any of these questions does not necessarily disqualify you from the position you are applying for. Each action and explanation will be considered in relationship to the position for which you are applying.*

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, 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 sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, 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 to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and all persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records, and credit history through an investigative or credit agency or bureau of your 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.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **Date** _____

Cisco Air Systems is committed to the principle of equal opportunity and employment. Cisco Air Systems does not discriminate on the basis of race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status. The following person has been designated to handle inquiries regarding the company's nondiscrimination policies:

Human Resources, 214 27th Street, Sacramento, CA 95816.