



Alpha Explosives
PO BOX 310
Lincoln, CA 95648
(916) 645-3377

Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email: _____

Are you 18 years of age or older? Yes No

Are you either a U.S. citizen or a resident alien authorized to work in the U.S.? Yes No

Have you ever worked or attended school under another name? If so, under what name?

If this job requires, do you have the appropriate valid driver's license? Yes No

Name on license: _____ DL# _____ Class: _____ State: _____

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends Holidays Nights Overtime Out of town

Have you previously worked for Alpha Explosives? Yes No

Dates of employment with Alpha Explosives: from _____ to _____

Reason(s) for leaving: _____

Former supervisor(s) at this company: _____

How did you learn about this opening? _____



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Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Skills

Licenses or Certificates

Military History

Branch of service: _____ Rank at Discharge: _____

Describe duties and training received: _____



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Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			



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References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date