



Application for Employment

Mail or Fax Your Completed Form To:

FASTFRAME USA, Inc.
 Paul Sanderson Center
 1200 Lawrence Drive, Suite 300
 Newbury Park, CA 91320-1324

Date: _____

Tel: (805) 498-4463 -- Fax: (805) 498-8983

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name:			
Desired Position:			
Address:	City:	State:	Zip:
Telephone:	Mobile Phone:	FAX:	
Drivers License Number:	State:		
If under 18, can you furnish a work permit if it is required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date available for work:			
Employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational <input type="checkbox"/> Co-op			
Are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a crime in the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Conviction will not necessarily bar you from employment. Each instance and explanation will be considered in relation to the position for which you are applying.			

Education			
Name and Locations	Years Completed	Course of Study	Did You Graduate?
High School:			
College:			
Other:			

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From:	To:	Employer:	Address:
Job Title:		Summarize the nature of work performed and job responsibilities:	
Pay Rate:			
Start \$ _____ per _____		Reason for leaving:	
Final \$ _____ per _____			
Immediate Supervisor & Title:			Phone:

From:	To:	Employer:	Address:
Job Title:		Summarize the nature of work performed and job responsibilities:	
Pay Rate:			
Start \$ _____ per _____		Reason for leaving:	
Final \$ _____ per _____			
Immediate Supervisor & Title:			Phone:

From:	To:	Employer:	Address:
Job Title:		Summarize the nature of work performed and job responsibilities:	
Pay Rate:			
Start \$ _____ per _____		Reason for leaving:	
Final \$ _____ per _____			
Immediate Supervisor & Title:			Phone:

From:	To:	Employer:	Address:
Job Title:		Summarize the nature of work performed and job responsibilities:	
Pay Rate:			
Start \$ _____ per _____		Reason for leaving:	
Final \$ _____ per _____			
Immediate Supervisor & Title:			Phone:

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying:

--

References

(Please do not include members of your immediate family.)

Name	Relationship	Years Known	Telephone
1.			
2.			
3.			

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. IF YOU HAVE NOT HEARD FROM THE EMPLOYER AFTER THIS PERIOD OF TIME AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR YOU TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND THAT IT IS THE COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____ / ____ / ____