



Application for Employment. Please use black or blue ink.

(707) 433-1913 · costeaux.com

PERSONAL											
FIRST NAME			MIDDLE		LAST NAME			DATE			
STREET ADDRESS				CITY		STATE	ZIP	SOCIAL SECURITY NUMBER (LAST FOUR ONLY) XXX - XX -			
DESIRED POSITION:							HOME PHONE				
ARE YOU SEEKING A DAY SHIFT POSITION OR A NIGHT SHIFT POSITION?							CELL PHONE				
HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT WITH OUR COMPANY?			<input type="checkbox"/>	YES	MONTH/	<input type="checkbox"/>	EXPECTED				
			<input type="checkbox"/>	NO	YEAR	<input type="checkbox"/>	RATE OF PAY				
WHAT PROMPTED YOU TO SELECT COSTEAUX AS A POTENTIAL EMPLOYER?											
ARE YOU AVAILABLE FOR FULL TIME WORK?		<input type="checkbox"/>	YES	WHAT DAYS ARE YOU NOT AVAILABLE FOR WORK:				WILL YOU WORK OVERTIME IF NEEDED?	<input type="checkbox"/>	YES	
		<input type="checkbox"/>	NO						<input type="checkbox"/>	NO	
DO YOU HAVE RELATIVES OR FAMILY WORKING FOR COSTEAUX? IF YES, PROVIDE NAME & RELATIONSHIP					<input type="checkbox"/>	YES	WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?				
					<input type="checkbox"/>	NO					
SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, PROGRAMS, ETC.)							ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE US?	<input type="checkbox"/>	YES		
								<input type="checkbox"/>	NO		
							* PROOF OF ELIGIBILITY IS REQUIRED UPON EMPLOYMENT				
DRIVER APPLICANTS ONLY: ARE YOU 18 YRS. OF AGE OR OLDER?		<input type="checkbox"/>	YES	ALL OTHER APPLICANTS: ARE YOU 16 YRS. OF AGE OR OLDER?		<input type="checkbox"/>	YES	IF NO, EMPLOYMENT IS SUBJECT TO VERIFICATION OF MINIMUM LEGAL AGE REQUIREMENT			
		<input type="checkbox"/>	NO			<input type="checkbox"/>	NO				
EDUCATION											
HIGH SCHOOL							GRADUATED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
COLLEGE							GRADUATED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DEGREE(S):											
LIST SPECIAL INTERESTS AND HOBBIES:											
OFFICE USE ONLY / EMPLOYMENT DATA:											
DATE HIRED:			STARTING DATE:			RATE OF PAY:					
° FULL TIME ° PART TIME			POSITION:			DEPARTMENT:		WCC:			
EMERGENCY CONTACT INFORMATION											
NAME		RELATIONSHIP		PHONE NUMBER		OCCUPATION		ADDRESS			



EMPLOYMENT HISTORY (SHADED AREAS FOR COMPANY USE ONLY)

PLEASE PROVIDE ACCURATE, COMPLETE FULL AND PART TIME EMPLOYMENT RECORD. START WITH THE PRESENT OR MOST RECENT EMPLOYER.

COMPANY NAME:	PHONE:
ADDRESS:	EMPLOYED (MONTH AND YEAR) FROM: TO:
SUPERVISOR NAME:	
JOB TITLE AND DESCRIPTION OF WORK YOU PERFORMED:	

VERIFIED / COMMENTS:

COMPANY NAME:	PHONE:
ADDRESS:	EMPLOYED (MONTH AND YEAR) FROM: TO:
SUPERVISOR NAME:	
JOB TITLE AND DESCRIPTION OF WORK YOU PERFORMED:	

VERIFIED / COMMENTS:

COMPANY NAME:	PHONE:
ADDRESS:	EMPLOYED (MONTH AND YEAR) FROM: TO:
SUPERVISOR NAME:	
JOB TITLE AND DESCRIPTION OF WORK YOU PERFORMED:	

VERIFIED / COMMENTS:

REFERENCES:

NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

CERTIFICATION – PLEASE READ, SIGN AND DATE

All applications for employment are judged solely based on qualification and ability without regard to age, sex, race, national origin, religion, sexual orientation, marital status, disability, veteran status or other classification protected by law.

I acknowledge that the Company follows an employment – at – will policy, such that the Company or I may terminate my employment at any time for any reason. I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States and show the Company documentation that will prove this.

I understand and agree that my previous employers may be contacted.

I certify that all the statements herein are true and accurate and understand that any falsification or omission shall result in dismissal.

Your Signature: _____ Date: _____

EMAIL COMPLETED APPLICATION TO: TEAM@COSTEAUX.COM