



SANTA CRUZ • CALIFORNIA

MARINI'S CANDIES, INC.

Municipal Wharf / Downtown/Westside
(831) 425-7341 (831) 423-3299

332 Ingalls Street, Santa Cruz, CA 95060
www.MARINISCANDIES.com

APPLICATION FOR EMPLOYMENT

Today's Date _____

Name _____
last first m.i.

Present Local Address _____
Number Street City Zip

Permanent Address _____
(if different from present address above)

Cellular # _____ Phone # _____ Age* _____
(question is optional)

Email _____

Person to notify in case of an emergency _____

Address and Phone # _____

Education (Circle highest grade completed) High School 9 10 11 12 College 1 2 3 4

Are you presently a student? Yes No If yes, at which school? _____

Have you ever worked or applied for a job at Marini's? Yes No

If yes, please list dates _____

Only U.S. citizens and aliens who have the right to work in the U.S. are eligible for employment. Can you, upon employment, submit verification of your legal right to work in the U.S. and documentation verifying your identity? Yes No

Have you been convicted of a criminal offense?* Yes No

If yes, please give details _____

*A conviction will not necessarily be a bar to employment. Factors such as age at the time of the offense, nature and seriousness of the violation, and rehabilitation will be taken into account.

Referred by: _____

Position Desired _____ When are you available to start? _____

Please list any special skills, experience or any other qualifications which you feel makes you especially fit to work with us.

AVAILABILITY

Total available hours per week _____

Please fill in the hours you are **available** to work each week.

START	MON	TUES	WEDS	THURS	FRI	SAT	SUN
FINISH							

EMPLOYMENT HISTORY

READ CAREFULLY: List the jobs you have held in order, starting with the **most recent**, and **answer completely**. *We will verify your work record.* (You may include child care, yard work, paper routes, volunteer work.)

1. Company Name _____ Telephone () _____
Address _____ Employed, from _____ to _____
Supervisor _____ Wage, start _____ last _____
Job title and duties _____ Reason for leaving _____

2. Company Name _____ Telephone () _____
Address _____ Employed, from _____ to _____
Supervisor _____ Wage, start _____ last _____
Job title and duties _____ Reason for leaving _____

3. Company Name _____ Telephone () _____
Address _____ Employed, from _____ to _____
Supervisor _____ Wage, start _____ last _____
Job title and duties _____ Reason for leaving _____

Have you ever been discharged or asked to resign? Yes No

May we contact your current employer? Yes No

We are an equal opportunity employer dedicated to a policy of non-discrimination employment on any basis including race, creed, color, age, sex, religion, national origin or disabilities.

AGREEMENT

a) I hereby certify that all facts in the above employment application are true and complete to the best of my knowledge. I understand that any false statement on this application shall be considered sufficient cause for rejection or dismissal. b) I authorize the schools, persons. Previous employers and other organizations named in this application to provide MARINI'S CANDIES, INC. (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision, and hereby release any such schools, persons, employers and organizations from any and all liability which they might otherwise incur to me as a result. C) I agree to submit to a medical examination if required. d) In the event that I am employed by Marini's Candies, Inc., I agree to abide by all present and future rules and regulations. I understand that if hired, my employment is "at will" any may be terminated by my employer or myself at any time.

Signature _____ Date _____

TO BE COMPLETED BY INTERVIEWER

- () Offer extended & hired
- () Offer extended but rejected
- () No opening/Hold for future
- () Could not locate
- () Not qualified

Position: _____ Start Date: _____

Location: _____ Wage: _____

Employee # _____

Signature _____ Date _____