



Phone: (818) 999-6300 • Fax: (818) 700-9720

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS: Federal and state law requires that all applications be considered without regard to race, religion, color, sex, age or national origin. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligation to the fullest.

Personal Information

NAME (Last, First M.I.)		SOCIAL SECURITY #	
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER ()	CELL NUMBER ()	E-MAIL ADDRESS	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a misdemeanor which resulted in imprisonment <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(A conviction will not necessarily disqualify an applicant)</small>			

Employment Desired

Please list your first and second choice of position you seek.

1st Choice: _____

2nd Choice: _____

Full Time Part Time Date Available: _____

Availability

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

References

Give the names of three persons, not related to you, whom you have known for at least one year

Name	Address	Business	Telephone	Years Known

Employment History – List below; current or most recent employer first, describing your most recent full-time and/or part-time employment.

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			What is your usual occupation? _____		
COMPANY NAME		CONTACT		PHONE NUMBER ()	
STREET ADDRESS					
CITY				STATE	ZIP CODE
POSITION			DATES OF EMPLOYMENT		
			FROM:	TO:	
DUTIES					

REASON FOR LEAVING					

COMPANY NAME		CONTACT		PHONE NUMBER ()	
STREET ADDRESS					
CITY				STATE	ZIP CODE
POSITION			DATES OF EMPLOYMENT		
			FROM:	TO:	
DUTIES					

REASON FOR LEAVING					

COMPANY NAME		CONTACT		PHONE NUMBER ()	
STREET ADDRESS					
CITY				STATE	ZIP CODE
POSITION			DATES OF EMPLOYMENT		
			FROM:	TO:	
DUTIES					

REASON FOR LEAVING					

NOTICE TO ALL APPLICANTS

THE STATEMENTS BELOW ARE PART OF THE APPLICATION AND SHOULD BE READ CAREFULLY

I understand and agree that if I am employed by Asylum productions, managing entity of the Pierce Farm Center, my employment will be at-will, which can be terminated with or without notice, at my option or the option of Pierce Farm Center. I understand and agree that a condition of employment with Pierce Farm Center requires that I enter into an agreement with Pierce Farm Center for the arbitration of employment disputes. I understand that no manager, supervisor or representative of Pierce Farm Center has the authority to enter into any agreement for employment for any specific period of time.

I certify that the answers on this application are true and complete to the best of my knowledge. In submitting this application for employment I authorize investigation of all statements contained in it, and I understand and agree that any misrepresentation by me on this application will be sufficient cause for cancellation of the application and/or for separation from Pierce Farm Center's service if I have been employed. I hereby authorize any person or organization whose name I have given as a reference or by whom I have been previously employed to furnish Pierce Farm Center or its representatives any information any of them have concerning me with respect to my qualifications as an employee, and I hereby release all such persons and organizations from any claims for damages arising as a result of the good faith disclosure of such records or information.

The Fair Credit Reporting Act requires that applicants know that a routine inquiry may be made which will provide job-related information concerning character and reputation. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided.

It is Pierce Farm Center's policy not to employ individuals who use illegal drugs in any amount and regardless of frequency and occasion. To ensure that this policy is enforced, I will be required to take a drug screening test if I am considered for a job offer. Pierce Farm Center will not disclose information obtained through the drug screening test except (1) when such information is needed by persons involved in the employment decision, and, (2) when such disclosure is required by law. I agree to supply a urine specimen under the supervision of medical staff or an authorized representative with the understanding that the specimen will be used to test for the presence of illegal and dangerous drugs. I further agree that while employed by Pierce Farm Center I will consent to drug and alcohol testing in accordance with Company policy.

If I am employed, I will furnish proof of citizenship, a valid California ID/Driver's License and social security card. If I am not a U.S. citizen, I will provide documentation which establishes identification and employment authorization as prescribed by Federal Law. If I am employed, I will be required to sign the Conditions of Employment Form which states my obligations to Pierce Farm Center to respect the confidentiality of information, the ownership and use of ideas and inventions and other conditions of the employer-employee relationship.

In consideration of my employment, I agree to conform to the rules and regulations of Pierce Farm Center and further agree that my employment and compensation can be terminated at any time, with or without cause or notice, at the option of either Pierce Farm Center or myself. I understand that no representative of Pierce Farm Center, other than the Director of Pierce Farm Center, has any authority to enter into any agreement contrary to the foregoing. Furthermore, I understand and agree that any such agreement entered into by the Director will not be enforceable unless it is in writing.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information is true and correct.

My signature below also certifies that I agree to the employment at-will relationship and agree to be bound by the terms and conditions of employment stated in this application. I understand and agree that no person who is either an agent or employee of Pierce Farm Center may modify, delete or contradict, wether orally or in writing, the terms and conditions of employment set for herein. I understand that in signing or submitting an application of employment to Pierce Farm Center I am agreeing to the foregoing

(Must be signed in the presence of an Pierce Farm Center witness.)

Applicant's signature

Date (mo/day/yr)