

Pen Homes, Inc.

14565 Valley View Ave., Suite #U, Santa Fe Springs, CA 90670

Mailing Address: 9024 Maryknoll Ave., Whittier, CA 90605

Tel. (562) 926-9400 Fax (562) 926-9401

Application for Employment

PLEASE PRINT

Position Desired: _____ Date of application: _____

Type of employment Desired: Part time Full time Earliest date available to begin: _____

Applicant's Name: _____
LAST FIRST MIDDLE

Present Address: _____
STREET CITY STATE ZIP CODE

Cell Phone Number: _____ Other Phone Number: _____

Email Address: _____

Have you ever been employed by Pen Homes, Inc. or any of its subsidiaries? Yes No

If YES, please give position and dates: _____ From _____ To _____

Do you have friends/relatives currently working for Pen Homes, Inc.? Yes No

If YES, please indicate whom: _____
NAME RELATIONSHIP

If hired, can you submit proof of your legal right to work in the United States? Yes No

Have you ever used another name? Yes No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No

If YES, please explain: _____

Do you have reliable transportation to and from work? Yes No

Can you provide your personal automobile for business use if required? Yes No

If YES, can you provide proof of automobile insurance? Yes No

Do you have a valid Driver's License? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If YES, please provide date(s) and details: _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Employment History

Are you currently employed? Yes No

May we contact your current employment? Yes No

If NO, please explain: _____

Are bound by provisions of a Non-Compete, Proprietary, or Confidentiality Agreement? Yes No

If YES, for how long? _____

Have you ever been terminated or asked to resign from a job? Yes No

If YES, please explain: _____

Please list the names of your present or previous employers in chronological order with *present* or *most recent* listed first.

Be sure to explain any gaps in employment in comments sections below. Request for additional sheets if necessary.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY <u>STARTING</u>		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY <u>FINAL</u>		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$	PER	

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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$	PER	

Comments (INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT): _____

Skills and Qualifications

Please summarize any special 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. Provide any copies of certificates if applicable.

Educational Background

Name and Location	Number of years completed	Diploma/Degree	Describe Specialized Training, Skills & Extra-Curricular Activities
HIGH SCHOOL	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
COLLEGE/UNIVERSITY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
GRADUATE/PROFESSIONAL	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
TRADE OR CORRESPONDENCES			
OTHER			

Professional References

List name and telephone number of **three** business/work references that are willing to provide professional and/or character references that we may contact.

If not applicable, list **three** school references that are **not** related to you.

Name	Relationship/Occupation	Telephone Number	Address (Street, City, State)	# of Years Known

Application will be considered active for the period of time for which the position you applied remains open or a maximum of 30 days, whichever is greater. If you wish to be considered for employment after that time, you must re-apply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of application

Date

