

APPLICATION FOR EMPLOYMENT

NAME:	DATE:
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Last	First	M.I.
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PHONE: () -	SS#:
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EMIAL ADDRESS:

PRESENT ADDRESS:

Street

City	State	Zip Code
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IN CASE OF EMERGENCY NOTIFY:		
Name	Address	Telephone Number

Position applying for:	How were you referred?
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Date you can start work:	Last day you can work (seasonal):
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Have you ever applied for a job at any Newport Harbor Corporation business?	Which business? When?
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Are you able to work all shifts: Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, when are you UNABLE TO WORK?
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Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, can you furnish a work permit?
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Are you a U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, are you legally able to work in the U.S.?
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Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
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EDUCATION:

NAME OF SCHOOL	CITY & STATE	CO UR SE	DEGREE
High School:			
College:			
Other Courses/Schooling:			
Trade/Technical School:			

Are you currently Certified in Food Safety?	State you are Certified in: Date Certification Expires:
Are you currently Certified in Alcohol Safety?	State you are Certified in: Date Certification Expires:

-AN EQUAL OPPORTUNITY EMPLOYER -

Please describe any job-related skills or training, any licenses you may possess and any machines you can operate:

EMPLOYMENT HISTORY: List present or most recent job first. You may include any work performed on a volunteer basis. If more space is needed, please continue on a separate sheet of paper.

EMPLOYMENT:

NAME OF COMPANY	JOB TITLE/ DUTIES	WEEKLY PAY	REASON FOR LEAVING
Dates: from _____ to _____ Supervisor: Phone #:			
Dates: from _____ to _____ Supervisor: Phone #:			
Dates: from _____ to _____ Supervisor: Phone #:			
Dates: from _____ to _____ Supervisor: Phone #:			

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or can be grounds for dismissal if discovered after employment begins. I authorize the Company to make inquiries of prior employers, schools, etc. regarding my history and character, and hereby authorize prior employers, schools, or individuals to respond to such inquiries and release the Company from any liability with respect to such inquiries. I understand that Newport Harbor Corporation is evaluating the viability of a Drug Testing Program and, if said program is adopted, I may need to participate in a drug-screening program prior to my employment.

I further understand that if I am employed, the company is not employing me pursuant to a contract of employment and my employment is for no definite term and that I can be terminated without notice and without any cause at any time. I further understand that no verbal promises or guarantees are binding on the Company and that no one, other than the President of the Company, has authority to enter into an agreement for employment contrary to the above, and that any such agreement

must be in writing. If I am employed, I agree to abide by the Company's rules and regulations and any changes thereto.

Applicant's Signature: _____ Date: _____