

East Bay Innovations Employment Application

Date: _____ Position Applying for: _____

Last Name _____ First Name _____ Middle _____

If necessary to verify your employment history, list any name other than that specified above which you have used at any time: _____

Street Address _____

City _____ State _____ Zip _____

Telephone
Home: (____) _____ Work: (____) _____

Email Address: _____

Social Security Number: _____ / _____ / _____

If hired when would you be available to start? _____

Please list day and evening hours you are available to work:

M T W TH F S S

Earliest _____

Latest _____

Current Salary: \$ _____ / _____ Salary desired: \$ _____ / _____

Employment History

Employer

Company Name:

Address:

Company Name:

Address:

Company Name:

Address:

Supervisor:

Name:

Tel. No.

Name:

Tel. No.

Name:

Tel. No.

Dates

From:

To:

From:

To:

From:

To:

Pay Rates

Starting:

Ending:

Starting:

Ending:

Starting:

Ending:

Please read and sign:

I give permission to contact any or all of my previous employers or references for full information. _____

Yes

No

Applicant Signature

Have you been discharged from any position? _____ If "yes", provide details:

How were you referred to EBI?

Do you have relatives or friends working for EBI? If so state name(s) and relationship(s).

Are you at least 18 years of age?(If under 18, hire is subject to verification that you are of minimum legal age.)

Name, City and State of High School, College/University Attended	Course of Study/Major	Completed Yes/ No
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes state the nature of the crime when and where, conviction and disposition of the case(s). *Note: no applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered. Please know that you will be asked to submit fingerprints to be used for a criminal background check as part of the pre-employment process.*

- No
- Yes (details) _____

Are you able to perform the essential functions of the jobs for which you are applying? If no, describe the functions that cannot be performed. *Note: we comply with the ADA and consider reasonable accommodation that may be necessary for eligible applicant/employees to perform essential functions. Hire may be subject to passing a medical examination.*

- Yes
- No (details) _____

Please list any foreign language you can speak, read or write fluently? (this includes American Sign Language and Braille)

Please indicate valid driver's license or ID number, State, expiration date?

Please indicate auto insurance carrier and levels of coverage?

Name and Address and phone number of Emergency Contact?

Please choose the ethnic group you most closely identify with (optional)?

- White-All persons having origins in any of the original people of Europe North Africa or the Middle East.
- Black-All persons having origins in any of the Black racial groups.
- Latino-All persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish culture of origin or race.
- Asian or Pacific Islander-All persons; except Filipino, having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
- American Indian or Alaskan Native-All persons having origins in any of the original peoples of North America.
- Filipino- Persons of Filipino Ancestry or ethnic origins.

Certificate of Applicant: I certify that all statements made in this application are true and correct and I agree and understand that any misstatements or omissions of any material will subject me to disqualification or dismissal.

Signature: _____ Date: _____

If hired you will be asked for copies of the following information:

- California Driver's license or California ID card**
- Social Security Card**
- Printout of Driving Record from DMV**
- Proof of current auto insurance**
- Fingerprint card**