



320 Butte Street
 Bakersfield, CA 93305
 Phone: (661) 324-5846
 Fax: (661) 324-5864

Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT
 CONFIDENTIAL INFORMATION DOCUMENT

Organization Policy, Federal and State Law Prohibits discrimination on the basis of race, color, religion, national origin, sex, age, ancestry, disability, medical condition, marital status or sexual orientation.

PERSONAL			
LAST NAME	FIRST NAME	INITIAL	TELEPHONE
ADDRESS		CITY / STATE / ZIP	
Are you less than 18 yrs. of age? <input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever applied at Vortex before? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, When	
Are there any reasons that may cause absenteeism, lateness or daily early departure from the job during your employment? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, explain.	
Are you employed now? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, may we contact your employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you on a Lay-Off and subject to recall? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have any restriction or obligations that would prevent you from Working consistently <input type="checkbox"/> yes <input type="checkbox"/> no Over-Time <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been: (If answering yes to any of the questions below, please use and attach additional sheets) Placed on probation or terminated for poor job performance? <input type="checkbox"/> yes <input type="checkbox"/> no Been disciplined or fired for insubordination? <input type="checkbox"/> yes <input type="checkbox"/> no Violation of a safety rule? <input type="checkbox"/> yes <input type="checkbox"/> no Absenteeism or any attendance related reason <input type="checkbox"/> yes <input type="checkbox"/> no Being under influence and or possession or use of Alcohol or Drugs while at work <input type="checkbox"/> yes <input type="checkbox"/> no			
Person to notify in case of emergency: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Name Address Phone Number </div>			
EMPLOYMENT INTERESTS			
Position Applying For	Date Available	Other Position of Interest	
Type of employment you are seeking. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Shifts you can work. <input type="checkbox"/> Days <input type="checkbox"/> Weekends <input type="checkbox"/> Nights	Can you travel if job requires? <input type="checkbox"/> yes <input type="checkbox"/> no	
EDUCATION / MILITARY SERVICE			
School or Institution	Name & Address	Degree or Diploma, Year	
High School			
College			
College			
Other			
Honors or Awards Received:		Professional Certificates or Licenses Held:	



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Do you speak or write any language other than English? <input type="checkbox"/> yes <input type="checkbox"/> no List: Speak: Write:	List / Describe training, skills qualifications, experience or specialties pertinent to this application or position you are applying for.
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Are you taking educational courses at this time? <input type="checkbox"/> yes <input type="checkbox"/> no List if Yes	List any professional affiliations or community offices held.
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U.S. Military Service <input type="checkbox"/> yes <input type="checkbox"/> no	Branch	Highest Rank Held	Type of Discharge
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US Military duties that relate to this job:	Special Training:
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EMPLOYMENT HISTORY

Please give employment record as completely as possible, listing current or last employer first – attach resume if available but not as substitute for the following information.

Company Name	Address	Telephone	Dates of Employment
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Job Title	Supervisor's Name	Type of Business	
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Description of Duties

Company Name	Address	Telephone	Dates of Employment
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Job Title	Supervisor's Name	Type of Business	
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Description of Duties

Company Name	Address	Telephone	Dates of Employment
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Description of Duties

Company Name	Address	Telephone	Dates of Employment
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Job Title	Supervisor's Name	Type of Business	
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Description of Duties

ATTACH ADDITIONAL SHEETS IF REQUIRED



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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

I hereby certify that all answers, statements, or information made by me on this application or on my resume or other supplementary materials are true and correct to the best of my knowledge and without omissions.

I further certify that I, the undersigned applicant, have personally completed this application.

I acknowledge that any false statement(s) or misrepresentation(s) on this application, accompanying resume or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment.

I am able to submit proof of my eligibility to work in the United States.

I have no objection to taking a physical / medical examination or drug/alcohol screen test at any time at the option and expense of the company except as indicated in the following paragraph.

As an obligation to all company employees to provide a safe and healthy work place, pre-employment drug/alcohol testing is performed at the expense of Vortex *only if testing proves negative. If the testing is positive, the applicant will be responsible for payment of the testing.*

I have read and understand the foregoing statements and accept the same as conditions of my employment.

Applicant Signature

Date