

## and Water Conditioning

PO BOX 1209 / 19973 AUGUST AVE. HILMAR, CA 95324 PHONE: (209) 667-5454 / FAX: (209) 667-6666 Fosterspumpinc@gmail.com

# **Employment Application**

An Equal Opportunity Employer

Dl D				
Please Print				
Date	Last Name	First Name	<del></del>	Middle
Present Address				
No. & Street		City	State	Zip Code
Permanent Addre	ss or Mailing Address (if different from	n present address)		
No. & Street		City	State	Zip Code
Cell Phone	Home Phone			
<b>Employment Des</b>	sired			
Position applying	for:			
Personal Inform	ation			
How did you hear	r about our company and this job openi	ing?		
Have you ever ap	plied to or worked for Foster's Pumps,	Inc before? Yes No		
If yes, who	en?			
Why are you appl	lying for work at Foster's Pumps, Inc?			
Do you consider	yourself a lucky person?	Yes No		
	ou have a reliable means of transportati			
	8 years old? (If under 18, hire is subjection the essential functions of the jol			
Reasonable accor	nmodation?			

Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety or morale, or if doing so could create conflicts of interest.

### **Education, Training, and Experience**

School Name:	Address:	No of Years Completed?	Did you Graduate?	Diploma or Degree?
High School				
College				
Conege				
University				
Vocational/Business				

### **Employment History**

List below all present and past employment starting with your most recent employer (last 5 years is sufficient). You must complete this section even if attaching a resume.

Name of Employer	Address	Phone Number	Your Supervis Name		sors Type of Business			
Dates of Employment	Your Position & Duties	Reason for Leavin	Reason for Leaving		May we contact this employer for a reference?			
					YES	NO		
Name of Employer	Address	Phone Number	Your Super Name	visors	Type of	Business		
Dates of Employment	Your Position & Duties	Reason for Leavin	Reason for Leaving		May we contact this employer for a reference?			
					YES	NO		
Name of Employer	Address	Phone Number	Phone Number Your Supervi Name		Type of Business			
Dates of Employment	Your Position & Duties	Reason for Leavin	Reason for Leaving		May we contact this employer for a reference?			
					YES	NO		



### **Personal References**

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Reference Name	Address	Phone Number	Occupation	No of Years Acquainted
Reference Name	Address	Phone Number	Occupation	No of Years Acquainted
Reference Name	Address	Phone Number	Occupation	No of Years Acquainted
Please Read Carefully	, Initial Each Paragraph	and Sign Below		
and that the answers gi have personally comple any document used to s	ven by me are true and coeted this application. I un	rithheld any information that mi orrect to the best of my knowledge derstand that any omission or mi e grounds for rejection of this appl	e. I further certify the statement of mater	that I, the undersigned applicant, ial fact on this application or on
suitability for employr references I have listed giving me prior notice	nent (excluding criminal to disclose to the compan of such disclosure. In a ips and associations from	ghly investigate my references, we background information) unless y any and all letters, reports and oddition, I hereby release the Con any and all claims, demands or li	otherwise specified other information rel apany, my former e	above. I further authorize the ated to my work records without employers and all other persons,
if hired, is intended to employed, my employr the option of either mys	create an employment cor- ment is for no definite or d self or the Company, and the	ion or conveyed during any interventract between me and the Compa eterminable period and may be tenat no promises or representations Company's designated representations	ny. In addition, I urminated at any time contrary to the foreg	inderstand and agree that if I am e, with or without prior notice, at
		I will be required to verify identitification documents form upon hi		work in the United States and toInitials
Foster's Pumps, Inc wand local "Fair Chance		plicants, including those with cr	iminal histories, in	a manner consistent with state
Applicant's Signature	:	Date		

