	DEVELOPMENT GROUP, INC. 41205 Golden Gate Circle Murrieta, Ca 92562 Ph: (951) 973-7680 Fax: (951) 973-7690 APPLICATION FOR EMPLOYMENT	The Company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, gender, gender expression, gender identity, sexual orientation, age, religion, national origin, ancestry, mental disability, physical disability, medical condition, genetic information, marital status, military and veteran status, or any other basis protected by law.
	Last Name First Middle	Date
	Street Address	Home Telephone
P E	City, State, Zip	Business Telephone
R S O N	Have you ever applied for employment with us? O Yes O No If yes: Month and Year Location Position desired	
A L		
-	Are you available for full-time work? O Yes O No If not, what hours can you work?	Will you work overtime if asked? O Yes O No
	If offered employment, can you provide proof of eligibility to work in the United States? O Yes O No	When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)	·
	Have you ever been terminated or asked to resign from employment:	OYes ONo If yes, please explain:
	Please provide the name and telephone number of an emergency contact:	

	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Е	Graduate				O Yes	
D					ONo	
U C	College				OYes	
A T					ONo	
I O	Business/Trade/ Technical				OYes	
N					ONo	
	High School				OYes	
					ONo	

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion, national origin or any other characteristic protected by law.)

Please give an accurate and complete full-time and part-time employment record for the last ten (10) years. Start with your present or most recent employer. Include all gaps in employment.

	Company Name	Telephone
4	Address	Employed - (State month and year) From To
1	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

	Company Name	Telephone
	Company France	
	Address	Employed - (State month and year)
		From To
2	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

	Company Name	Telephone
	Address	Employed - (State month and year) From To
3	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

	Company Name	Telephone
4	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.		DO NOT CONTACT		
		Employer Number(s)		
MILITARY		OYes ONo	If "Yes," in what Branch?	
Describe any training received relevant to the	ne positi	ion for which you are applying.		

	What was your previous address?	0 How long at present address? years
0		0 How long at previous address? years
0	Have you ever been bonded? O Yes ONo If "Yes," with what employers?	0 If you are under 18 years of age, can you provide proof of eligibility to work?
		O Yes O No O Not Applicable
0	State names of relatives and friends working for us.	
0	Can you perform the essential functions of the position for which you are approximation(s)? O Yes O No	lying with or without reasonable

S I G N A T U R	or omission of fact on the I understand that acceptant to employ me in the futur of employment may be demotion, promotion, com	d in this Application for Employment is true, correct, and complete. If employed, any misstatement s application may result in my termination. There of an offer of employment does not create a contractual obligation upon the Company to continue e. I understand that employment with the Company is at-will, meaning that the terms and conditions changed with or without notice, with or without cause, including, but not limited to, termination, npensation, benefits, duties and location of work. I understand that no representative of the Company assurances to the contrary.
E	Date	Signature

FOR EMPLOYER'S USE ONLY

R E	Employer	Person Contacted	Results
F E	1		
R E			
N C E	2		
С	3		
H E C K	4		

	Tests Administered	Raw Score	Rating	Analysis and Comments
E S				
T				
R E S				
U L				
T S				

	Interviewer Name and Comments
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