

Select the area in which you would like to apply:

Riverside County: Temecula, Murietta

North San Diego: Carlsbad, Encinitas, San Marcos, Escondido

Central San Diego: Solana Beach, Mira Mesa, Miramar, Poway, Sorrento Valley

South San Diego: National City, Spring Valley, Eastlake, Otay Mesa

An Equal Opportunity Employer

Date				
Position Applied For				
First Name	Middle Name		Last Name	
Address				
City		State	Zip	
Phone Number ()				

Why are you applying for this position?

Other than time off for reasons related to your religion, a disability or a medical condition, are there any days or times when you are unavailable to work?

Would you be available to work overtime, if necessary? Y N

When are you available? Mark all that apply.

Monday:	AM	PM	Friday:	AM	PM
Tuesday:	AM	PM	Saturday:	AM	PM
Wednesday:	AM	РМ	Sunday:	AM	PM
Thursday:	AM	PM			

If hired, can you present proof of legal right to work in the United States? Y N Are you available for Full Time or Part Time work hours? Full Time Part Time Are you able to perform the essential functions of the job for which you are applying? Y N If no, describe the functions that cannot be performed:

(NOTE: Hire will be subject to passing a background check, medical examination, drug screen, and DMV report.)

If hired, would you have a reliable means of tran	nsporta	tion to and from work? Y	Ν
Are you currently employed?	Υ	Ν	
If yes, may we contact your current employer?	Υ	Ν	

EDUCATION

School Information	Years <u>Completed</u>	<u>Graduated</u>
High School Name		
High School City & State		
College/Univ. Name		
College/Univ. City & State		
Vocational/Tech Name	-	
Vocational/Tech City & State	-	
Other Name	-	
Other City & State		

Do you have additional experience, training, qualifications or skills which you feel make you especially qualified for the position?

If employed, do you have a valid California Drivers License? Y N

Driver License Number _____

I certify that I understand that the premises, including the residence, is a non-smoking facility and I will abide by that rule. **Initials** _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years of employment is sufficient). Account for all periods of unemployment. This section must be completed even if attaching a resume.

1.	Name of Employer					
	Address					
	Type of Business					
	Telephone Number					
	Supervisor's Name	Supervisor's Name				
	Dates of Employment (Mo/Yr): From	to	Position			
	Position Title and Job Duties					
	Reason for Leaving					
2.	Name of Employer					
	Address					
	Type of Business					
	Telephone Number					
	Supervisor's Name					
	Dates of Employment (MO/YR): From	to				
	Position Title and Job Duties					
	Reason for Leaving					
3.	Name of Employer					
	Address					
	Type of Business					
	Telephone Number					

	Supervisor's Name
	Dates of Employment (MO/YR): From to
	Position Title and Job Duties
	Reason for Leaving
4.	Name of Employer
	Address
	Type of Business
	Telephone Number
	Supervisor's Name
	Dates of Employment (MO/YR): From to
	Position Title and Job Duties

Reason for Leaving _____

ATTACH ADDITIONAL EMPLOYMENT HISTORY SHEETS IF NECESSARY

Please include any other information that you feel is important to disclose in relation to the position for which you are applying:

REFERENCES

List below at least 3 personal or professional references, not related to you, whom you have known for a minimum of 2 years.

First and Last Name		Phone Number
Address	City	State Zip
Occupation		# Years Acquainted
First and Last Name		Phone Number
Address	City	State Zip
Occupation		# Years Acquainted
First and Last Name		Phone Number
Address	City	State Zip
Occupation		# Years Acquainted
First and Last Name		Phone Number
Address	City	State Zip
Occupation		# Years Acquainted
First and Last Name		Phone Number
Address	City	State Zip
Occupation		# Years Acquainted

APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge.

Further, I understand that misrepresentation, falsification, or omission of any material information on the Employment Application may result in my failure to receive an offer or, if I am hired, immediate termination of employment regardless of the time lapse before discovery.

I hereby authorize Halliday Management Inc. and/or Carlo Inc. (hereafter referred to as the "Company,") to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and further, authorize the employment references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, its agents or representatives, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, damages or liabilities arising out of or in any way related to such investigation or disclosure. I agree to have any of the information provided checked by the Company, unless I have indicated to the contrary.

This employment application shall be considered active for a period of time not to exceed 30 days. In consideration of my employment, I agree to conform to the rules and standards of the Company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either by my option or the Company. I understand that no employee or representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of the Company will not alter the "at will" nature of the employment relationship unless done so specifically in writing. Further, I also understand and agree that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Date

Signature of Applicant

Print Name

AGREEMENT

I hereby authorize Halliday Management Inc. and/or Carlo Inc. to undertake investigations and inquiries of my employment, financial condition (Credit Report), physical condition, employment and personal references, and any other investigations that help arrive at an employment decision. I expect the results of all such investigation to be held in a confidential manner.

Date

Signature of Applicant

Print Name

Social Security Number

If you want to receive a free copy of the consumer report(s) for which you have consented and authorized, check this box and a copy will be mailed to you at the address you have indicated as your present address. Failure to check this box will indicate that you have declined a copy of your consumer report(s).