



We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for fire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

NAME:		Date of Application		
LAST	FIRST	MIDDLE		
ADDRESS		CITY	STATEZIP	
TELEPHONE				

## 1.GENERAL INFORMATION

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? YES NO Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) NO YES If yes explain:

EDUCATION & TRAINING: Grade Completed: \_\_\_\_\_College

ege

Master

Doctorate

Name & Address of School	MAJOR/ Course Studied	Graduated Degree Y/N	Average Grade

List any scholarships, academic honors, awards or special achievements:

3.SKILLS Please list any skills you have that are appropriate for the position you are applying for:

If require, will you work? (Please check one) Rotating shifts: YE	/ NO Overtime: YES / NO Sundays YES	/ NO Saturdays NO/ YES
Position applying for, be specific	Salary requirements: \$	per hour per month
State fully why you believe you are qualified for this position		

INTERESTS/ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobby that may be useful in the position(s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

## SHRED WORKS, INC



## OAKLAND CA 94601 510-729-7110

**EMPLOYMENT HISTORY** 

Starting with your present or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past 7 years or last FOUR employers. IF currently employed, may we contact your employers? (please check 1) YES / NO

	PRESENT	<u>T OR MOST REC</u>	CENT EMPLOYER			
FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	EMPLOYED FROM:MO/YR TO: MO/YR	
STREET ADDRESS	CITY	STATE	ZIP			
NAME & TITLE OF SUPERVISOR		TITLI	E OF POSITION		REASON FOR	LEAVING:
LIST JOB RESPONIBLITIES, DUTIES PERFO	DRMED, SKILLS USED, & PR	OMOTIONS WHILE	E EMPLOYED AT THIS	S COMPANY:	5	
FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE		
STREET ADDRESS	CITY	STATE	ZIP			
NAME & TITLE OF SUPERVISOR		TITL	E OF POSITION		REASON FOR	LEAVING
LIST JOB RESPONIBLITIES, DUTIES PERFO	JRMED, SKILLS USED, & PR					
FULL NAME OF COMPANY		J	(AREA CODE)	TELEPHONE		
STREET ADDRESS	СІТҮ	STATE	ZIP			
NAME & TITLE OF SUPERVISOR		TITLE OF POSITION			REASON FOR	LEAVING
LIST JOB RESPONIBLITIES, DUTIES PERFO	)RMED, SKILLS USED, & PR	OMOTIONS WHILE	E EMPLOYED AT THIS	5 COMPANY:	_	

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I understand I am required to undergo a background check and drug screen to be considered for this position. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties form all liability for any damage that may result form furnishing same to you.

Signature:\_