



Milpas Rental Inc  
 An Equal Opportunity Employer  
 Employment Application

**Please Print**

\_\_\_\_\_  
 Date Last Name First Name Middle  
 Present Address

\_\_\_\_\_  
 No. & Street City State Zip  
 Permanent Address (if different from present address)

\_\_\_\_\_  
 No. & Street City State Zip  
 ( ) ( )  
 Business Phone Home Phone Social Security Number CA Diver's License Number

**Employment Desired**

Position applying for: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Milpas Rental Inc before? .....  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Milpas Rental Inc .....  Yes  No

If yes, state name(s) and relationship:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

Why are you applying for work at Milpas Rental Inc.?  
 \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.  
 \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) .....  Yes  No  
 If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Employment History**

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

Name of Employer	(____) _____ Telephone No.
Type of Business	Your Supervisor's Name
Address & Street	City _____ State _____ Zip _____
Dates of Employment: _____ From To	Weekly Pay: _____ Starting Ending
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name of Employer _____ _____ Type of Business _____ _____ Address & Street _____ Dates of Employment: _____ - _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>From</span> <span>To</span> </div>	(____) _____ Telephone No. _____ _____ Your Supervisor's Name _____ _____ City _____ State _____ Zip _____ Weekly Pay: _____ - _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Starting</span> <span>Ending</span> </div>
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Your Position and Duties \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Name of Employer _____ _____ Type of Business _____ _____ Address & Street _____ Dates of Employment: _____ - _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>From</span> <span>To</span> </div>	(____) _____ Telephone No. _____ _____ Your Supervisor's Name _____ _____ City _____ State _____ Zip _____ Weekly Pay: _____ - _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Starting</span> <span>Ending</span> </div>
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Your Position and Duties \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Name of Employer _____ _____ Type of Business _____ _____ Address & Street _____ Dates of Employment: _____ - _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>From</span> <span>To</span> </div>	(____) _____ Telephone No. _____ _____ Your Supervisor's Name _____ _____ City _____ State _____ Zip _____ Weekly Pay: _____ - _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Starting</span> <span>Ending</span> </div>
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Your Position and Duties \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Note: Attach additional page(s) if necessary.

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	(____)_____
First Name	Last Name	Telephone No
_____	_____	_____ - _____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	
_____	_____	(____)_____
First Name	Last Name	Telephone No
_____	_____	_____ - _____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	
_____	_____	(____)_____
First Name	Last Name	Telephone No
_____	_____	_____ - _____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

## Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my  
Initials chances for employment and that the answers given by me are true and correct to the best of my  
knowledge. I further certify that I, the undersigned applicant, have personally completed this application.  
I understand that any omission or misstatement of material fact on this application or on any document  
used to secure employment shall be grounds for rejection of this application or for immediate discharge if  
I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and  
Initials other matters related to my suitability for employment and, further, authorize the 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, my former  
employers and all other persons, corporations, partnerships and associations from any and all claims,  
demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may  
Initials be granted or during my employment, if hired, is intended to create an employment contract between me  
and the company. In addition, I understand and agree that if I am employed, my employment is for no  
definite or determinable period and may be terminated at any time, with or without prior notice, at the  
option of either myself or the company, and that no promises or representations contrary to the foregoing  
are binding on the company unless made in writing and signed by me and the company's designated  
representative.

\_\_\_\_\_ I further understand that any offer of employment will be contingent upon passing a medical evaluation  
Initials including a drug screen.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature