



Application For Employment*

FRM is an Equal Opportunity Employer. Please read carefully, write clearly and answer all questions. This application is valid for 90 days. Not all applicants will be interviewed and only interviewees will receive a response. If you require any accommodation(s) during your employment interview, please request such in advance of interview.

***PLEASE NOTE FRM REQUIRES ALL EMPLOYEES TO HAVE AND MAINTAIN A CLEAN DRIVING RECORD**

Date _____

 Last Name First Name Middle Name

Address: _____
 Number Street City-State Telephone Number

Are you 18 years of age? Yes No If under the age of 18, can you produce the necessary work certification at the time of employment? Yes No

For what position are you applying? _____ Date Available to start work _____

Work Hours Desired? Full time Part-time Temporary

Are you willing to work overtime? Yes No Pay expected \$ _____ per _____

Have you ever applied to this Company before? Yes No If yes, when did you apply? _____

WORK EXPERIENCE:

Directions: List your present or last employer first. Account for all occupied and unoccupied time over the past ten years. Attach extra pages if needed. It is unacceptable to put only "see resume" in any section.

Start Date	Ending Date	Employer Name & Address	Position Title	Reason for Leaving	Supervisor & Phone #

EDUCATION:

Education	School Name City & State	Course of Study	# of Years Completed	Degree/Major
High School				
College				
Bus\Tech Trade				
Graduate School				

List special technical skills that you feel qualify you for the job for which you are applying (i.e., computer programming/language, software, equipment operation, special tools or machines, etc.): _____

List all professional licenses, numbers and status _____

Have you ever served in the U.S. Military? Yes No Branch of Service _____ Rank at Discharge _____

PERSONAL:

If hired, can you submit proof of identity and legal right to work in the United States? Yes No

(In order to comply with the I-9 legal requirements, verification and completion of Form I-9 must be submitted no later than three business days after date of hire.)

Do you have a valid California Motor Vehicle License? Yes No Class(es) _____ License # _____ Exp Date _____

Have you ever been denied a security clearance? Yes No If yes, explain: _____

Have you ever used another name? Yes No If yes, list all other names: _____

List names of any relatives or acquaintances ever employed by this organization: _____

List any professional organizations to which you belong: _____

REFERENCES:

Please list names of additional work-related references that we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship (i.e. supervisor, co-worker)	Telephone #

Please list two references (who are not relative or former employer) whom you have known for at least five years:

Name	Position	Company	Work Relationship (i.e. supervisor, co-worker)	Telephone #

AGREEMENT

I attest under penalty of perjury that I am applying for employment in good faith with the intention of accepting a position offered. I also affirm that the information contained in this application is true, complete, and accurate.

I authorize investigation of all statements contained in this application form if I am considered for employment. I also authorize previous employers, personal references named, or any other person to whom the company may refer, to give any and all information regarding employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside. I also understand and agree that I may be enrolled in the DMV Pull-Notice Program.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol-testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continued employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

I understand that misrepresentation or omission of any facts called for herein, receipt of unsatisfactory references, or failure to pass a prescribed medical examination if required for the position, will be sufficient cause for disqualification from employment or for my dismissal from the company's service if I shall have been employed.

I understand and agree that nothing contained in this application, or conveyed during any interview which may 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 hired, my employment will be at-will, for no definite or determinable period of time, and may be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the Company or me. I understand and agree that no promises or representation contrary to the "at-will" condition are binding on the Company, and that I have not relied and will not rely, on any oral or written statements to the extent that such might even suggest that my status is anything other than "at-will". I further understand and agree that my "at-will" status cannot be changed except by a written document specifically addressing my individual "at-will" status, and signed by both me and a specifically authorized officer of the Company. I agree that it is my responsibility to confirm the authorization of any person signing such a document, since I understand the company's intent is not to enter into any employment arrangements other than "at-will." I understand and agree that this is the entire agreement between me and the Company regarding the term of my employment and replaces any other oral or written agreement or understanding. I further agree that this entire paragraph regarding the "at-will" condition of employment is a part of any employment relationship I may have with the Company and is hereby merged and integrated into any agreement or understanding regarding my employment.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct inspections of any items (including my personal items brought onto company property), and including, but not limited to, files, lockers, desks, vehicles, tool boxes and computers).

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign an Agreement Relating to Inventions and Confidentiality.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

Applicant Signature _____ Date _____