



6920 Marketplace Drive
Goleta, CA 93117
805.968.6201

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME	DATE		
CURRENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		
REFERRED BY			

EMPLOYMENT DESIRED

POSITION DESIRED	DATE AVAILABLE TO START
HAVE YOU EVER APPLIED TO ZAFFIRO BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN?

EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

JOB HISTORY (list from most current)

DATES EMPLOYED		NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				

ARE YOU CURRENTLY EMPLOYED? YES NO

--

**ZAFFIRO
EMPLOYMENT APPLICATION**

REFERENCES:

PLEASE PROVIDE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

APPLICATION QUESTIONNAIRE:

WHY DO YOU WANT TO WORK AT ZAFFIRO?

WHAT MAKES YOU DIFFERENT?

WHAT POSITIONS ARE YOU WILLING TO TAKE?

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that completing this application does not guarantee any offer of employment.”

Signature _____ Date _____