

Robinson Enterprises, Inc.
293 Lower Grass Valley Rd., Nevada City CA 95959
Phone (530) 265-5844 Fax (530) 265-8700

Employment Application
(An Equal Opportunity Employer)

Last Name First Name Middle Initial

Address: _____
Telephone number where you can be contacted: _____

Job Applied for: _____ Today's Date _____
Are You Seeking: Full Time _____ Part Time _____ Temporary _____ Summer Emp. _____
When are you available for employment? _____ Shift Preference: _____
Are you at least eighteen years of age? _____

Education or Training: Please indicate your education, work experience or other background information which is relevant to the job for which you are applying:

Special Skills: Please indicate if you have any skills or experience operating or maintaining plant equipment or machines. If a license or certification is required, please provide details on your license or certification.

Have you ever worked for this company before? _____ If yes, when? _____

In what job position(s)? _____

Work Experience: Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name.

Name Of Employer: _____ Address: _____ City, State, Zip: _____	Employment Dates From: _____ To: _____ Pay Or Salary Start: _____ Final: _____ Duties Performed: _____
Name Of Last Supervisor : _____ Your Last Job Title: _____	
Reason For Leaving: _____	

Name Of Employer: _____ Address: _____ City, State, Zip: _____	Employment Dates From: _____ To: _____ Pay Or Salary Start: _____ Final: _____ Duties Performed: _____
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Name Of Employer: _____ Address: _____ City, State, Zip: _____	Employment Dates From: _____ To: _____ Pay Or Salary Start: _____ Final: _____ Duties Performed: _____
Name Of Last Supervisor: _____ Your Last Job Title: _____	
Reason For Leaving: _____	

References:

Please list three references who can provide us with information about your qualifications to perform the job for which you are applying.

Name	Address	Telephone #	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact your present employer? Yes: _____ No: _____

Certification:

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications. I understand that my employment is for no definite period and I may, regardless of the date my wages are paid, be terminated at will, at any time without prior notice.

SIGNATURE

DATE