



- Please indicate location below:
- Corporate
 - Cypress College Swap Meet
 - Los Angeles City College Swap Meet
 - Parkway Bowl
 - Primetime Amusement
 - San Diego Games
 - Santa Fe Springs Swap Meet
 - The Boardwalk

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY and complete both sides of this employment application. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law. All employment offers are contingent on your being able to provide proof of your legal right to work in the U.S.

P E R S O N A L	Last Name		First	Middle	Date	
	Street Address				Home Phone Number ()	
	City, State, Zip				Mobile Phone Number ()	
	Have you ever applied for or been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year:		Name Used:		Social Security No.	
			Location:		Pay Expected	
	Position Desired				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available to begin work?	
	If hired, can you provide verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If no, do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Other special training or skills (computer, machine operation, etc.)			Foreign language(s) spoken fluently which would be helpful in position sought:		
	How did you hear of our organization?					
	What's your preferred Email Address?					
	Have you ever been dismissed or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give reason:					
Have you used any other names under which employment or education may be verified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						
Are any of your relatives currently working within this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their name(s) and unit location(s):						

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently attending school? Yes No

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		Branch of Service
	Describe your duties and any special training		Period of Active Duty (Month & Year)
			From To
			Rank at Discharge

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. (Use additional sheet if necessary.)

1	Company Name	Telephone ()	
	Address	Employed (State Month and Year) From: To:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
	Name of Supervisor	Supervisor's Phone Number ()	
	State Job Title and Describe Your Work	Reason for Leaving	

2	Company Name	Telephone ()	
	Address	Employed (State Month and Year) From: To:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
	Name of Supervisor	Supervisor's Phone Number ()	
	State Job Title and Describe Your Work	Reason for Leaving	

3	Company Name	Telephone ()	
	Address	Employed (State Month and Year) From: To:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
	Name of Supervisor	Supervisor's Phone Number ()	
	State Job Title and Describe Your Work	Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT	
	Employer Number(s):	Reason:

Please explain why you desire to work for this company or additional items of importance about your background.

ACKNOWLEDGMENT (PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN)

_____ I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Newport Diversified, Inc. with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.

_____ In consideration of employment, I agree to obey the rules and standards of Newport Diversified, Inc. I understand that nothing in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with Newport Diversified, Inc. with regard to the length of my employment.

_____ I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination which may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that may cause me to perform my job in a manner that may endanger my health or the safety and health of others. I authorize all providers of health care who examine me to disclose to the Company or its agents, all medical information revealed during such examinations. I further authorize Newport Diversified, Inc. to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability which will affect my ability to take the test, I will so inform the Company so that a reasonable accommodation can be made. Newport Diversified, Inc. reserves the right to require medical documentation concerning the need for accommodation.

_____ I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.

_____ I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

**I CERTIFY THAT I HAVE READ THE ABOVE,
UNDERSTAND IT AND AGREE TO IT**

DATE

Signature of Applicant (Do Not Print)