



630 East Lambert Road
 P.O. Box 630/Brea, California 92822
 Tel: (714) 990-4121 Fax: 990-3452

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY — PRINT CLEARLY IN INK — ANSWER ALL QUESTIONS

Position _____
 Pay expected \$ _____ per _____

PERSONAL

Full Name (Last, First, Middle) _____

Present Address _____ City _____ State _____ Zip _____

Telephone _____ Message Phone _____ If under 18, list age _____

Have you ever worked or attended school under a different name? Yes _____ No _____

If yes, please list name _____

If offered a job, can you produce evidence that you have the legal right to remain permanently in the United States and accept full-time employment? Yes _____ No _____

What shift will you work? 1st _____ 2nd _____ 3rd _____ Overtime? Yes _____ No _____ Date Available? _____

Would you work full time? _____ Part time? _____ If part time, days and hours: _____

Were you previously employed by Bristol Industries? _____ If yes, when? _____

List any relatives working for this company _____

Are you computer literate? Yes _____ No _____

Bristol Industries does not discourage the employment of relatives. However, relatives are not allowed to work for each other or in related departments.

Referred to Bristol Industries by _____

Have you ever applied to this company before? Yes _____ No _____ If yes, when? _____

As an adult, have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain (convictions are evaluated for each position and are not necessarily disqualifying) _____

Acceptance as an employee may be contingent on passing a skills and agility test, a job-related physical and substance abuse test.

If you have served in the United States military service, please indicate types of duties related to the position(s) you are applying for _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organizations?

EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed	Did You Graduate?	Diploma or Degree
High			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade Vocational Business			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Languages you speak, read, and/or write _____

NAME (LAST, FIRST, MIDDLE)	POSITION APPLIED FOR	DATE
COUNTY OF RESIDENCE <input type="checkbox"/> ORANGE COUNTY <input type="checkbox"/> LOS ANGELES COUNTY <input type="checkbox"/> RIVERSIDE COUNTY <input type="checkbox"/> SAN BERNARDINO COUNTY <input type="checkbox"/> OTHER:	SPECIAL DISABLED VETERAN _____ YES _____ NO VIETNAM VETERAN _____ YES _____ NO OTHER ELIGIBLE VETERAN _____ YES _____ NO INDIVIDUAL WITH DISABILITIES _____ YES _____ NO <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HOW DID YOU HEAR ABOUT THIS POSITION? NEWSPAPER _____ <input type="checkbox"/> REGISTER 2 _____ <input type="checkbox"/> LOS ANGELES TIMES 2 _____ <input type="checkbox"/> OTHER 2 _____ <input type="checkbox"/> DOOR TO DOOR SEARCH 1 _____ <input type="checkbox"/> FRIEND/RELATIVE 4 _____ <input type="checkbox"/> SCHOOL _____ <input type="checkbox"/> EMPLOYMENT AGENCY 3 _____	ETHNIC BACKGROUND <input type="checkbox"/> WHITE _____ <input type="checkbox"/> BLACK _____ <input type="checkbox"/> HISPANIC _____ <input type="checkbox"/> ASIAN _____ <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE _____ <input type="checkbox"/> NATIVE HAWAIIAN _____ <input type="checkbox"/> TWO OR MORE RACES _____ <input type="checkbox"/> I DO NOT WISH TO SELF-IDENTIFY _____	

SUPPLYING THIS INFORMATION IS VOLUNTARY. THIS INFORMATION WILL BE USED FOR FEDERAL GOVERNMENT RESEARCH AND STATISTICAL PURPOSES IT WILL NOT BE USED TO DISCRIMINATE AGAINST ANY PROSPECTIVE OR INCUMBENT EMPLOYEE OF BRISTOL INDUSTRIES.

FOR OFFICE USE ONLY: EEO 1 2 3 4 5 6A 6B 7 8 9
 DIS 1 2 3 4 5 6 7 8 9

BEGIN WITH YOUR PRESENT JOB AND LIST PREVIOUS JOBS IN REVERSE ORDER FOR THE LAST 10 YEARS. INCLUDE SELF-EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN EXCESS OF ONE MONTH AS A SEPARATE PERIOD. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR SPECIFIC PERMISSION.

START \$	SALARY		PER	JOB TITLE	EMPLOYER OR COMPANY NAME	PHONE NO.
	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM	YR	TO	YR		CITY, STATE & ZIP	
FULL TIME		PART TIME			NO. OF EMPLOYEES & TYPE OF BUSINESS	
REASON FOR LEAVING					YOUR SUPERVISOR'S NAME & JOB TITLE	
START \$	SALARY		PER	JOB TITLE	EMPLOYER OR COMPANY NAME	PHONE NO.
	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM	YR	TO	YR		CITY, STATE & ZIP	
FULL TIME		PART TIME			NO. OF EMPLOYEES & TYPE OF BUSINESS	
REASON FOR LEAVING					YOUR SUPERVISOR'S NAME & JOB TITLE	
START \$	SALARY		PER	JOB TITLE	EMPLOYER OR COMPANY NAME	PHONE NO.
	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM	YR	TO	YR		CITY, STATE & ZIP	
FULL TIME		PART TIME			NO. OF EMPLOYEES & TYPE OF BUSINESS	
REASON FOR LEAVING					YOUR SUPERVISOR'S NAME & JOB TITLE	
START \$	SALARY		PER	JOB TITLE	EMPLOYER OR COMPANY NAME	PHONE NO.
	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM	YR	TO	YR		CITY, STATE & ZIP	
FULL TIME		PART TIME			NO. OF EMPLOYEES & TYPE OF BUSINESS	
REASON FOR LEAVING					YOUR SUPERVISOR'S NAME & JOB TITLE	
START \$	SALARY		PER	JOB TITLE	EMPLOYER OR COMPANY NAME	PHONE NO.
	PER	LAST \$	PER	DESCRIBE YOUR DUTIES	NO. & STREET	
FROM	YR	TO	YR		CITY, STATE & ZIP	
FULL TIME		PART TIME			NO. OF EMPLOYEES & TYPE OF BUSINESS	
REASON FOR LEAVING					YOUR SUPERVISOR'S NAME & JOB TITLE	

Please list two business references who know of your work abilities.

NAME	TITLE	BUSINESS PHONE () () ()	HOME PHONE () () ()
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COMMENTS:

I understand that there will be ninety (90)-day introductory period, during which the company and I will evaluate each other, and employment can be terminated at any time.

Your employment with **Bristol Industries** is at-will. You may terminate your employment at any time for any reason. **Bristol Industries** may terminate your employment at any time for any reason with or without cause. Your status as an at-will employee may not be changed except by an agreement in writing signed by the president of **Bristol Industries**.

The facts set forth in this application for employment are true and complete. I understand that if employed, misrepresentation or omission of facts called for is cause for dismissal. I authorize investigation of all statements contained in this application.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I understand that I have the right to make 1/12/07 request within a reasonable period of time to receive additional, detailed, information about the nature and scope of such investigative report. I hereby release all persons and companies from liability for any damages from the reports.

Signature _____ Date _____