



## Employment Application

Please submit this at [www.acostamfg.com/jobs](http://www.acostamfg.com/jobs), along with a resume if you would like to add more information.

### General Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Phone Number ( )

Current Address \_\_\_\_\_  
Street City State Zip Code

Are you 18 years or older? ..... Yes  -or- No

Can you legally work in the United States? ..... Yes  -or- No

Have you ever served in the U.S.A. Armed Forces, National Gaurd, or Reserves? ..... Yes  -or- No

Branch of Military \_\_\_\_\_

Have you been previously employed by Acosta Mfg.? ..... Yes  -or- No

Activities (Civic, Volunteer Work, etc.): \_\_\_\_\_

### Employment Desired

Position:  Customer Service  Fabrication \_\_\_\_\_ Date you can Start

Driver  Other \_\_\_\_\_ Desired Salary/Hourly Wage

How you heard about Employment Opportunity: \_\_\_\_\_

### Education

Highschool \_\_\_\_\_ Did you graduate? Yes  -or- No   
Name of School Location (City, State)

College or Trade School \_\_\_\_\_  
Name of School Location (City, State) Number of Years Attended

\_\_\_\_\_ Did you graduate? Yes  -or- No  -or- Currently Attending   
Major/Degrees Earned

Other Special Study/Research Work \_\_\_\_\_

Special Skills \_\_\_\_\_



www.acostamfg.com  
(408) 275-6370

Acosta Sheet Metal Mfg.  
930 Remillard Court  
San Jose, CA 95122

**Employers (Past/Present)**

Start and End Date	Name	Address	Position	Reason for Leaving

**Professional References**

Name \_\_\_\_\_ Phone Number and/or Email \_\_\_\_\_ Relation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number and/or Email \_\_\_\_\_ Relation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number and/or Email \_\_\_\_\_ Relation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

**Final Clause**

*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

I agree to take a voluntary drug test prior to employment, which will qualify me for the opportunity for employment ..... Yes  -or- No

I understand that if I do not voluntarily take a drug test prior to employment, I will no longer qualify for employment ..... Yes  -or- No

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

I authorize investigation (that comply with U.S. employment law) of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that if hired, my employment is for no definite period, and may be terminated at any time without prior notice or cause, regardless of the date of payment of my wages and salary.

Applicant's Name \_\_\_\_\_ Printed \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_