

# APPLICATION FOR EMPLOYMENT



Agoura  
805-497-9233  
818-889-2240  
Atascadero  
805-462-1362  
Ventura  
805-642-3249

Goleta  
805-964-8641  
Santa Maria  
805-928-5848  
Rentals  
805-644-4617

Perimeter  
Security  
Systems  
805-644-5482

## An Equal Opportunity Employer

**BACKGROUND CHECKS:** We are concerned about bias in the workplace, violence in the workplace, falsified employment applications, and employee theft. We will conduct a full background on all candidates for employment. By signing this application, you authorize us to conduct a personal background check, to contact other regarding same and authorize others to provide us with information which is personal and confidential to you.

**DRUG SCREEN & PRE-EMPLOYMENT PHYSICAL:** We are committed to maintaining a healthy and safe workplace. All offers of employment are contingent upon successful completion of a pre-employment drug screen and physical.

### PERSONAL INFORMATION

(Please Print)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ ARE YOU A U.S. CITIZEN?: Yes ☐ No ☐

PRESENT ADDRESS: \_\_\_\_\_  
No. Street City State Zip

PERMANENT ADDRESS (If different than present address):

\_\_\_\_\_  
No. Street City State Zip

Have you ever applied to, or worked for Fence Factory before? Yes ☐ No ☐ If yes, when? \_\_\_\_\_

Are you at least 18 years old? Yes ☐ No ☐ (If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship, proof or your legal right to live and work in this country? Yes ☐ No ☐

Are you able to perform the essential functions of the job for which you are applying? Yes ☐ No ☐

If no, describe the functions you cannot perform:

\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION APPLYING FOR: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_

REGULAR FULL-TIME ☐ REGULAR PART-TIME ☐ TEMPORARY ☐

Are you available to work on weekends? Yes ☐ No ☐ Are you available to work overtime? Yes ☐ No ☐

(NOTE: We comply with ADA & consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire will be subject to passing a medical examination, and to skill and agility tests.)

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Have you ever been convicted under any name or another name of a felony or misdemeanor (excluding conviction for marijuana which occurred more than 2 years ago, or for which the record has been sealed, expunged, eradicated or judicially dismissed)? Yes ☐ No ☐

If yes, please explain:

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Are you presently out on bail or recognizance pending trial for the alleged commission of any crime?

Yes ☐ No ☐

If yes, please explain:

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(Felony or misdemeanor convictions, or affirmative answer above, will not necessarily disqualify an applicant from employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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## EDUCATION, TRAINING AND EXPERIENCE

SCHOOL	NAME AND ADDRESS	NO. YEAR COMPLETED	DID YOU GRADUATE	DEGREE/ DIPLOMA
High School				
College/University				
Vocational/Business				

Do you speak, write or understand any foreign languages? Yes ☐ No ☐

If yes, which language(s)?:

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Are you a veteran of the United States military service? Yes ☐ No ☐

If yes, which branch?:

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Do you have training, experience, qualifications or skill which you feel make you especially suited for work at Fence Factory?

If yes, please explain:

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What interested you in Fence Factory?:

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What are your hobbies, special interest and activities? (Please omit those indicating race, color, religion, sex, national origin, ancestry, age or existence of a disability.):

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## EMPLOYMENT/WORK EXPERIENCE

Please list below all present and past employment for the last 10 years, starting with your most recent employer. Account for all periods of unemployment. You must complete this sections even if attaching a resume. If additional space is needed, please continue your response on a separate page.

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EMPLOYER	ADDRESS	TELEPHONE
EMPLOYED (Month & Year) FROM: TO:	PAY RATE START: END:	AVERAGE NUMBER OF HOURS WORKED PER WEEK
POSITIONS HELD:	SUPERVISOR'S NAME & TITLE:	MAY WE CONTACT YES: <input type="checkbox"/> NO: <input type="checkbox"/>
DESCRIBE ALL SIGNIFICANT DUTIES:		
REASON FOR LEAVING:		

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EMPLOYER	ADDRESS	TELEPHONE
EMPLOYED (Month & Year) FROM: TO:	PAY RATE START: END:	AVERAGE NUMBER OF HOURS WORKED PER WEEK
POSITIONS HELD:	SUPERVISOR'S NAME & TITLE:	MAY WE CONTACT YES: <input type="checkbox"/> NO: <input type="checkbox"/>
DESCRIBE ALL SIGNIFICANT DUTIES:		
REASON FOR LEAVING:		

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EMPLOYER	ADDRESS	TELEPHONE
EMPLOYED (Month & Year) FROM: TO:	PAY RATE START: END:	AVERAGE NUMBER OF HOURS WORKED PER WEEK
POSITIONS HELD:	SUPERVISOR'S NAME & TITLE:	MAY WE CONTACT YES: <input type="checkbox"/> NO: <input type="checkbox"/>
DESCRIBE ALL SIGNIFICANT DUTIES:		
REASON FOR LEAVING:		

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EMPLOYER	ADDRESS	TELEPHONE
EMPLOYED (Month & Year) FROM: TO:	PAY RATE START: END:	AVERAGE NUMBER OF HOURS WORKED PER WEEK
POSITIONS HELD:	SUPERVISOR'S NAME & TITLE:	MAY WE CONTACT YES: <input type="checkbox"/> NO: <input type="checkbox"/>
DESCRIBE ALL SIGNIFICANT DUTIES:		
REASON FOR LEAVING:		

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To aid us in checking records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on the application. Yes ☐ No ☐

If yes, please specify the name you were employed or enrolled under

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Please provide the names, addresses, and telephone numbers of at least three references who are not related to you:

NAME:

ADDRESS:

PHONE:

NAME:

ADDRESS:

PHONE:

NAME:

ADDRESS:

PHONE:

I hereby certify that the information contained in the application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment, education and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company, as set forth in the Company's Employee Manual or otherwise posted, as may be amended from time to time by the Company without prior notice to or the consent of the undersigned applicant. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer drug screen and medical examination.

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Signature of Applicant

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Date

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