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ALL OFFERS OF EMPLOYMENT ARE CONTINGENT ON THE SUCCESSFUL COMPLETION OF A DRUG AND ALCOHOL SCREENING

EMPLOYMENT APPLICATION

OFFICEXPRESS IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS ARE CONSIDERED ON THE BASIS OF SKILLS, EXPERIENCE, AND QUALIFICATIONS WITHOUT REGARD TO RACE, COLOR, RELIGION CREED, SEX, GENDER, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, CITIZENSHIP, PHYSICAL AND MENTAL DISABILITY, VETERAN STATUS, MEDICAL CONDITION GENETIC INFORMATION OR CHARACTERISTICS, GENDER AND GENDER IDENTITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

Name (Last, first, middle initial) Social Security Number Date of Application
Address (street) (City, state, zip code)
Home Telephone Number Message/Cell Telephone

POSITION INFORMATION

Position desired Starting Salary Desired
Are you available to work: [ ] Full Time [ ] Part Time [ ] Temporary Hours Available:

Describe any training or special experience related to the position you are applying for:

Were you previously employed by OfficeXpress? [ ] Yes [ ] No

If yes, specify position and dates employed:

Names of Friends/Relatives employed by OfficeXpress: How were you referred to us? Please be specific:

In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by the Company, you will be asked to provide documentation that verifies your legal right to work in the United States. If you are unable to provide acceptable documentation, the Company cannot legally employ you. Can you provide such documentation? [ ] Yes [ ] No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed) [ ] Yes [ ] No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

If you are hired or transferred into a position that requires the operation of a vehicle, we will require a DMV Investigation.

Do you authorize investigation of your DMV record? [ ] Yes [ ] No Please initial here: \_\_\_\_\_

What is your current Driver's License Number? State: Expiration Date:

If required, would you authorize a credit check and/or background investigation? [ ] Yes [ ] No Please initial here:

If you are under the age of 18, can you provide a work permit? [ ] Yes [ ] No

EDUCATION

List educational institutions you have attended:

Table with 4 columns: NAME/LOCATION, SUBJECT(S) STUDIED, DEGREES OR CREDITS. Rows include High School, Junior College/Trade School, and University/College.

**WORK HISTORY** *List most recent employer first. You may include military service and training.*

Employer:	Address (street, city, state, zip code)	Telephone Number (include area code)
Supervisor's Name and Position:		Dates of employment:
Type of Business:	Position Held:	Ending Salary:
Reason for Leaving:	May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:		

Employer:	Address (street, city, state, zip code)	Telephone Number (include area code)
Supervisor's Name and Position:		Dates of employment:
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Reason for Leaving:	May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:		

**REFERENCES** *List people who know your work. Do not include personal references.*

Name	Professional Relationship	Work Telephone Number	Home Telephone Number

**THE FOLLOWING POINTS ARE VERY IMPORTANT. PLEASE READ THEM CAREFULLY BEFORE SIGNING THIS APPLICATION.**

I authorize investigation of all statements contained in this application. I will not hold OfficeXpress or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application. I understand that if I am employed by the Company additional personal data may be required for determination of benefits, statistical purposes, and legal compliance.

I understand that all offers of employment are conditional on my successfully completing a drug and alcohol screening. This will be performed at the Company designated medical facility and at the Company's expense. I further understand that if this screening is not successful, all offers of employment will be withdrawn. I also understand that Company policy prohibits the use, sale, or possession of illegal drugs or non-prescribed controlled substances, as well as alcohol, while on Company time, and that if I am employed by OfficeXpress, such activity will result in immediate termination of my employment.

I also understand that if I am employed by OfficeXpress, my employment is at will, that I or the Company may terminate or change the employment relationship at any time, for any reason, with or without notice. I further understand that no employee of the Company has the authority to modify this understanding orally or in writing except with the written permission of the President of the Company.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO EACH AND ALL OF THESE STATEMENTS:**

\_\_\_\_\_  
Signature (Acknowledgement)

\_\_\_\_\_  
Date