



Where did you see our ad?
Who were you referred by?

**APPLICATION FOR EMPLOYMENT – PLEASE COMPLETE EVERY SECTION**

California Barricade, Inc. is an Equal Opportunity Employer.

If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name	First Name	Middle Initial	Social Security Number
Street Address	City/State	Zip Code	Date of Birth
Phone Number	Email Address		
If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.		
Position	Desired Hourly Wage		
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending? (Convictions are evaluated on a case-by-case basis for each position and are not automatically disqualifying. Attach additional sheets as necessary.)	If yes, when?	If yes, where?	
Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by California or federal law.		

**Education & Experience**

Name of high school:	City & State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of college or technical school:	City & State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	Major
Are you presently enrolled in school?	If yes, give name & address of school and expected degree date:			

List any job-related skills or accomplishments, including military service:

**Availability For Work**

Date you can begin work: _____	Total hours per week you are available to work: _____
Schedule Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Do you have any special requests or needs for a work schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you available to work nights, weekends & holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No



# DRIVERS LICENSE AUTHORIZATION MOTOR VEHICLE RECORDS

Date:

To: California Barricade Rentals Inc  
From:

It is understood that my employer's insurance requires (or may require) me to drive either a company owned vehicle or my own vehicle on company business. I understand the insurance broker and the insurance company writing my employer's insurance requires my driver's license number and information in order to assess my insurability by running a Motor Vehicle Record (MVR) report. I also understand that I have the right to see a copy of my MVR upon request.

By this letter, I hereby authorize the insurance company and/or Heffernan Insurance Brokers to be in possession of my driver's license number, obtain the necessary motor vehicle records and authorize them to send a copy of my Motor Vehicle Record to my employer and their insurance company.

This authorization will be valid until such time I leave my employer.

*\*Please print your full name:*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's License State

\_\_\_\_\_  
Date of Birth (if not California  
ONLY)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date