

application.

Date:

Application For Employment We are an Equal Opportunity Employer

All qualified applicants are considered regardless of race, religion, color, age, sex, marital status, nationality, veteran status or non-disqualifying disability.

The Office BOSS, Inc 12177 Business Park Dr. #2 Truckee, CA 96161 Phone: 530-587-1620 Fax: 530-587-6228 Email: Admin@TheOfficeBOSS.com

| | □ Day ccept: u'd accep | □ Eveni □ Full-ti | ing | STA Email Salary Night Part-tin | Expectation Rotate me (specify | Date ons: _ ting | :: Week | ZI | IP | |
|---|------------------------------|---------------------------------------|-----------------------|---------------------------------------|----------------------------------|------------------------|---------------|------------|----------------|------------|
| Phone (| □ Day ccept: u'd accept | □ Eveni □ Full-ti pt: □ Sal | ing | Salary Night Part-tin | Expectation Rotate me (specify | Date ons: _ ting y) | ∵ Week | ends | (must com | |
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| Social Security Number: ate Available to start work: Check which shift you will accept: Specify shift hours Check which job status you would accept which employment status you Are you willing to accept employment | □ Day ccept: u'd accep | | ing | Salary Night Part-tin | Expectation Rotate me (specify | ons: _ ting y) | □ Week | ends | (must com | |
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| Specify shift hoursCheck which job status you would at Check which employment status you Are you willing to accept employment | ccept: u'd accep | □ Full-ti | ime 🗖 | Part-tin | me (specify | y) | | | Part-time | |
| Are you willing to accept employmen | | | | | ☐ Hourly | | -ull -Time | □ P | Part-time | |
| | nt which | ı requires | you to tra | 10 | | | | | | |
| ducation: Highest Grade Co | | | _ | ivei? | □ No □ | Yes. | If yes, | □ Durir | ng the day or | ıly, |
| | mplete | ed: | | | | | | | | |
| ost High School 1 Name of College/U | niversity | y | | | | Stati | us or Degr | ee | | |
| ost High School 2 Name of College/U | niversity | | | | | Statu | ıs or Degre | ee | | |
| roficiencies / Skills: | | | | | | | | | | |
| For purposes of compliance with The States? | : Immigi | ration Ref | orm and C | Control | Act, are yo | u lega | ally eligible | for em | ployment in | the United |
| ☐ Yes ☐ No. Under the Immigrat that you are eligible to be employed effect should you be employed. | | | | | | | | | | |
| Are you willing to provide your own | transpo | rtation if r | necessary | for you | ır employm | nent? | □ Yes | □ No. | | |
| Have you ever been convicted for a provide the following: Description of offense: | ny viola | tion(s) of | law, includ | ding mo | oving traffic | c viola | ations? 🗖 Y | es □ N | No If YES, plo | ease |
| Statute or ordinance(if known): | | Da | ate of Char | rge: | | ; | Date of Co | onvictio | on | |

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any

Signature:

falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment for The Office BOSS. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this

Professional References: Last Name First Name Last Name First Name Relationship Relationship Phone Number Phone Number City, State and Zip City, State and Zip Address Address Last Name First Name Last Name First Name Relationship Relationship Phone Number Phone Number Address City, State and Zip Address City, State and Zip Work Experience: List jobs beginning with your present or most recent employer. **Employer (Company) Duties:** Job Title Address Phone & Supervisor's Name Salary **Hire Date** Reason for Leaving: **Leave Date Employer (Company) Duties:** Job Title **Address** Phone & Supervisor's Name Hire Date Leave Date Reason for Leaving: Salary **Employer (Company) Duties:** Job Title **Address** Phone & Supervisor's Name Salary **Hire Date** Leave Date Reason for Leaving: Employer (Company) **Duties:** Job Title **Address** Phone & Supervisor's Name Hire Date Leave Date Salary Reason for Leaving: