



SANTA BARBARA BOOKS, INC.

APPLICATION FOR EMPLOYMENT
PLEASE READ CAREFULLY - WRITE CLEARLY - ANSWER ALL QUESTIONS
RESUMES WILL NOT BE ACCEPTED IN PLACE OF THIS APPLICATION

Last Name	First Name	Middle Name	Social Security Number:
Current Street Address:		Length of time at current address:	Phone Number (with area code):
Previous Street Address:		Secondary Phone Number:	

STATEMENT & AUTHORIZATION TO RELEASE INFORMATION
PLEASE READ THIS STATEMENT CAREFULLY BEFORE COMPLETING APPLICATION

S.B. Books Inc., in considering my application for employment or any subsequent changes such as a promotion or transfer, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit beaureaus and government agencies to supply any information concerning my background which may include, but is not limited to, criminal, credit and driver's license, provided state law permits and where such inquiries are job related. If hired, my employment status is not contractual. It is "at will" and may be terminated by myself or S.B. Books, Inc. for any reason and at any time, with or without notice. I understand that no one, other than the President of S.B. Books Inc., in writing, has any authority to enter into an employment agreement with me which differs from the terms contained herein.

Have you ever applied for employment at S.B. Books, Inc. before? Yes ___ No ___ Position Applying for: _____ Start date: _____

If "Yes", month and year: _____ Location: _____ Will you accept Full Time work? Yes ___ No ___

Have you ever worked for S.B. Books or it's affiliates before? Yes ___ No ___ Will you accept Part Time work? Yes ___ No ___

If "Yes", please indicate dates and location: _____ Can you work all shifts including Grave Yard shift? Yes ___ No ___

Have you ever applied for employment under a different name? Yes ___ No ___ If not, which shifts will you work? 1st ___ 2nd ___ 3rd ___ 4th ___

If "Yes", what was the name? _____ Expected Wage: _____ Will you work overtime? Yes ___ No ___

Do you own a car? Yes ___ No ___ If "Yes", Car: Year: _____ Make: _____ Plate #: _____ CA Dirvers License #: _____

Do you have any friends/relatives working for S.B. Books Inc.? Yes ___ No ___ If "Yes", please answer the following:

Name: _____ Position: _____ Location: _____ Relationship: _____

In case of emergency, notify the following person: _____ Relationship: _____

Phone: _____ Address: _____

Are you a United States Citizen? Yes ___ No ___ If not, do you have the legal right to work in the US? Yes ___ No ___ Place of birth: _____

Can you, upon employment, submit documentation verifying your legal right to work in the US and your identity? Yes ___ No ___

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? Yes ___ No ___ (A record does not necessarily disqualify you from employment consideration) If yes, list convictions, dates and details: _____

Marital Status	Dependents	Residence	Military Service
Single	Wife/Husband	Own or Buying Home	Military Service Branch: _____
Engaged	Number of Children	Rent Home	Final Rank: _____
Married	Ages of Children	Rent Room or Board	Specialty: _____ Type of Discharge: _____
Seperated		Live with Spouse	Date Entered: _____ Date Seperated: _____
Divorced	Parents	Live with Parents	Reserve Organization: _____
Widowed	Others	Live with Roommates	Selective Service: _____

Give a complete record of all employment and reasons for periods unemployed during the past ten years. Start with the most recent employment.

LATEST EMPLOYMENT FIRST				EMPLOYER'S NAME, ADDRESS, TELEPHONE NO. AND NAME OF LAST SUPERVISOR	LAST SALARY AND POSITION(S) HELD	DUTIES	REASON FOR LEAVING	
FROM		TO						
MONTH	YEAR	MONTH	YEAR	EMPLOYER	SALARY			
				NO & STREET	PHONE #			POSITION
				CITY, STATE, ZIP	SUPERVISOR			
MONTH	YEAR	MONTH	YEAR	EMPLOYER	SALARY			
				NO & STREET	PHONE #			POSITION
				CITY, STATE, ZIP	SUPERVISOR			
MONTH	YEAR	MONTH	YEAR	EMPLOYER	SALARY			
				NO & STREET	PHONE #			POSITION
				CITY, STATE, ZIP	SUPERVISOR			
MONTH	YEAR	MONTH	YEAR	EMPLOYER	SALARY			
				NO & STREET	PHONE #			POSITION
				CITY, STATE, ZIP	SUPERVISOR			

Professional organizations, special interests, hobbies, clubs: (Omit any which might indicate race, religion, color, national origin or ancestry.) _____

What languages other than English do you speak and write? _____

What office machines/computers can you use? _____

Typing Speed Per Minute: _____

Shorthand Speed Per Minute: _____

EDUCATION - Names and Complete Addresses of Schools		Circle Last Grade Completed	Did you graduate?	Date of leaving or graduation date
Grammar School:		1 2 3 4 5 6 7 8		
High School:		9 10 11 12		
Col. College:	MAJOR SUBJECTS	YEARS COMPLD	DEGREES	
University:	MAJOR SUBJECTS			
Trade School:	MAJOR SUBJECTS			

PERSONAL REFERENCES- Give three references whom you have known at least five years. (NOT relatives or former employers)	
Name	Phone #: _____ No. & Street: _____ Occupation: _____ City, State, Zip _____
Name	Phone #: _____ No. & Street: _____ Occupation: _____ City, State, Zip _____
Name	Phone #: _____ No. & Street: _____ Occupation: _____ City, State, Zip _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATIONS OR INTENTIONAL OMISSIONS IN THIS APPLICATION ARE GROUNDS FOR DISQUALIFICATION FROM FURTHER EMPLOYMENT CONSIDERATION OR FOR MY DISMISSAL FROM THE COMPANY. I AGREE THAT S.B. BOOKS, INC. SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF THE FALSITY OF STATEMENTS, ANSWERS OR OMISSIONS MADE BY ME IN THIS APPLICATION.

I UNDERSTAND THAT THIS APPLICATION WILL REMAIN ACTIVE FOR THIRTY (30) DAYS FROM TODAY'S DATE. IF I STILL DESIRE A POSITION WITH THE COMPANY AFTER THIS APPLICATION EXPIRES, IT WILL BE MY RESPONSIBILITY TO FILL OUT A NEW APPLICATION AND FILE IT WITH AN AGENT OF S.B. BOOKS, INC. AFTER THAT TIME PERIOD ENDS.

Signature of Applicant

Date

Signature of Interviewer

Date