

Please check the location at which your application is being submitted.
300 Carlsbad Village Dr. Carlsbad, Ca. 92008 (P) 760.720.7866 (F) 760.720.7869
3555 Rosecrans Ave. Point Loma, Ca. 92110 (P) 619.226.7866 (F) 619.226.7869
106 S. Sierra Ave. Solana Beach, Ca. 92075 (P) 858.259.7866 (F) 858.259.7869
288 N. El Camino Real Encinitas, Ca. 92024 (P) 760.635.7866 (F) 760.943.7869

Full Name:								De	to:
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List below three persons not related to you who have knowledge of your work performance within the last three years.

Full Name:	Relationship:	

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Disclaimer and Signature

Please Read Carefully, Initial Each Paragraph and Sign Below

____ (Initials) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

other matters related to my suitability for employment and, the company any and all letters, reports and other informat of such disclosure. In addition, I hereby release the Compa partnerships and associations from any and all claims, den investigation or disclosure.	further, authorize the references I have ion related to my work records, without any, my former employers and all other p	listed to disclose to giving me prior notice persons, corporations,
(Initials) I understand that nothing contained in the appropriated or during my employment, if hired, is intended to a Company. In addition, I understand and agree that if I am experiod and may be terminated at any time, with or without and that no promises or representations contrary to the for and signed by me and the Company's designated representations.	reate an employment contract between employed, my employment is for no defi prior notice, at the option of either myse egoing are binding on the company unle	me and the nite or determinable If or the Company,
Signature:		Date:
Do you have any friends or relatives working for the compar	ny?	
YES	NO	
If yes, please state their name & your relationship to this person.		

Revised May 2015