



MATAGRANO, INC.
 440 FORBES BLVD.
 SO. SAN FRANCISCO, CA 94083

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER
 MATAGRANO, INC IS A DRUG FREE WORKPLACE

PLEASE FILL OUT CAREFULLY AND COMPLETELY. ANSWER EVERY QUESTION. USE ADDITIONAL PAPER FOR EXTRA INFORMATION.

PERSONAL DATA	PRINT NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NO.	OTHER NAMES UNDER WHICH PERSONNEL RECORDS HAVE BEEN KEPT	
	CURRENT ADDRESS	NO. & STREET		CITY	STATE	ZIP CODE	
	AREA CODE & TELEPHONE NO	YEARS AT THIS ADDRESS					
	LIST ALL PREVIOUS ADDRESSES FOR THE LAST 5 YEARS						
	PREVIOUS ADDRESS	NO. & STREET		CITY	STATE	ZIP CODE	YEARS AT THIS ADDRESS
	NEXT PREVIOUS ADDRESS	NO. & STREET		CITY	STATE	ZIP CODE	YEARS AT THIS ADDRESS
	NEXT PREVIOUS ADDRESS	NO. & STREET		CITY	STATE	ZIP CODE	YEARS AT THIS ADDRESS
NOTIFY IN AN EMERGENCY	NAME	ADDRESS		AREA CODE	TELEPHONE		

SOURCING	SPECIFIC POSITION SOUGHT	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	HOURS AVAILABLE	PRESENT SALARY	SALARY DESIRED	
					\$	\$	
DO YOU HAVE THE LEGAL RIGHT TO WORK AND BE EMPLOYED IN THE UNITED STATES?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE U. S. A. IS A CONDITION OF EMPLOYMENT.							

EDUCATION DATA	CIRCLE HIGHEST GRADE COMPLETED IN EACH SCHOOL CATEGORY				GRADE	HIGH	COLLEGE	GRAD. SCHOOL
					1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
	SCHOOL NAME	LOCATION		COURSE - DEGREE		CLASS STANDING OR GRADE POINT AVERAGE		
	JR. HIGH SCHOOL							
	HIGH SCHOOL							
	COLLEGE							
	GRADUATE SCHOOL							
APPRENTICE, BUSINESS OR VOCATIONAL SCHOOL								
OTHER TRAINING OR SKILLS								
ARE YOU ATTENDING SCHOOL OR DO YOU INTEND TO CONTINUE WORKING ELSEWHERE? YES <input type="checkbox"/> NO <input type="checkbox"/>								
IF AT SCHOOL, NUMBER OF CREDITS OR HOURS? _____ WHICH SCHOOL OR EMPLOYER? _____								
DAYS/HOURS AT SCHOOL OR WORK:								
<input type="checkbox"/> MON __ AM to __ PM <input type="checkbox"/> TUE __ AM to __ PM <input type="checkbox"/> WED __ AM to __ PM <input type="checkbox"/> THU __ AM to __ PM <input type="checkbox"/> FRI __ AM to __ PM <input type="checkbox"/> SAT __ AM to __ PM								

MILITARY DATA	BRANCH OF U.S. SERVICE	LENGTH OF SERVICE	FINAL RANK	SERVICE NUMBER
	SCHOOLS OR SPECIAL EXPERIENCE ACQUIRED DURING SERVICE WHICH ARE PERTINENT TO POSITION BEING APPLIED FOR:			

HONESTLY...IT'S YOUR JOB

EMPLOYMENT RECORD

LIST ALL PREVIOUS EMPLOYMENT, INCLUDING MILITARY SERVICE, DURING THE PAST TEN (10) YEARS. DO NOT STATE SEE RESUME. ATTACH A SEPARATE LIST IF MORE SPACE IS REQUIRED.

PRESENT OR RECENT POSITION:

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCE? YES NO

EMPLOYER _____ EMPLOYED MO./YR. TO MO./YR. _____ FULL TIME
PART TIME

STREET ADDRESS _____ CITY _____ STATE _____

NAME AND TITLE OF SUPERVISOR _____ TELEPHONE NUMBER _____

YOUR TITLE AND DESCRIPTION OF DUTIES _____

STARTING SALARY/BASE PAY _____ FINAL SALARY/BASE PAY _____ REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____ EMPLOYED MO./YR. TO MO./YR. _____ FULL TIME
PART TIME

MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR REFERENCE? YES NO

STREET ADDRESS _____ CITY _____ STATE _____

NAME AND TITLE OF SUPERVISOR _____ TELEPHONE NUMBER _____

YOUR TITLE AND DESCRIPTION OF DUTIES _____

STARTING SALARY/BASE PAY _____ FINAL SALARY/BASE PAY _____ REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____ EMPLOYED MO./YR. TO MO./YR. _____ FULL TIME
PART TIME

MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR REFERENCE? YES NO

STREET ADDRESS _____ CITY _____ STATE _____

NAME AND TITLE OF SUPERVISOR _____ TELEPHONE NUMBER _____

YOUR TITLE AND DESCRIPTION OF DUTIES _____

STARTING SALARY/BASE PAY _____ FINAL SALARY/BASE PAY _____ REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____ EMPLOYED MO./YR. TO MO./YR. _____ FULL TIME
PART TIME

MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR REFERENCE? YES NO

STREET ADDRESS _____ CITY _____ STATE _____

NAME AND TITLE OF SUPERVISOR _____ TELEPHONE NUMBER _____

YOUR TITLE AND DESCRIPTION OF DUTIES _____

STARTING SALARY/BASE PAY _____ FINAL SALARY/BASE PAY _____ REASON FOR LEAVING _____

SELF EMPLOYMENT DATA COMPLETE ONLY IF YOU WERE SELF-EMPLOYED AT ANY TIME DURING THE PAST TEN (10) YEARS.

NAME OF BUSINESS	NATURE OF BUSINESS	START MO./YR. TO MO./YR.	YOUR TITLE & DUTIES	T.I.N.	NAMES & PHONE NUMBERS OF 2 CUSTOMERS

UNEMPLOYMENT DATA COMPLETE ONLY IF YOU WERE UNEMPLOYED AND NOT ATTENDING SCHOOL AT ANY TIME DURING THE PAST TEN (10) YEARS.

START MO./YR.	TO MO./YR.	REASON FOR UNEMPLOYMENT

FOR ALL APPLICANTS TO COMPLETE.

HOW MANY YEARS HAVE YOU DRIVEN COMMERCIALY? _____ YRS.

CAN YOU DRIVE A STANDARD TRANSMISSION VEHICLE? YES NO

IDENTIFY EACH COMMERCIAL VEHICLE YOU HAVE DRIVEN AND THE HOURS PER MONTH & NUMBER OF MONTHS EXPERIENCE YOU HAVE DRIVING THAT COMMERCIAL VEHICLE.

DRIVING EXPERIENCE

LIST ALL DRIVING LICENSES OR PERMITS EVER HELD - CLASS

STATE	COMMERCIAL OR CHAUFFEUR'S LICENSE OR PERMIT			PERSONAL LICENSE OR PERMIT		RESTRICTIONS
	TYPE	NUMBER	EXP. DATE	NUMBER	EXP. DATE	

HAS ANY LICENSE, PRIVILEGE OR PERMIT YOU EVER HELD BEEN: SUSPENDED? YES NO REVOKED? YES NO DENIED? YES NO

IDENTIFY THE DATE(S) YOUR LICENSE PRIVILEGE OR PERMIT WAS SUSPENDED, REVOKED OR DENIED WHY? IN WHAT STATES?

HAVE YOU ANY OTHER DRIVING EXPERIENCE? YES NO WHAT SIZE VEHICLE?

INDICATE ANY SAFE DRIVING AWARDS YOU HAVE RECEIVED AND FROM WHOM.

HAVE YOU TAKEN A DEFENSIVE DRIVING COURSE? YES NO DATE OF CERTIFICATE

VIOLATIONS

LIST ALL TRAFFIC VIOLATIONS, OTHER THAN PARKING, FOR WHICH YOU HAVE EVER BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL.

DATE	TYPE OF VIOLATIONS	NAME AND LOCATION OF COURT	DATE OF CONVICTION	DISPOSITION AND FINE

HAVE YOU EVER BEEN CONVICTED, CITED OR FORFEITED BOND OR COLLATERAL FOR DRIVING WHILE INTOXICATED OR UNDER THE INFLUENCE? YES NO IF YES, WHEN?

ACCIDENT

LIST ALL ACCIDENTS IN WHICH YOU, AS DRIVER, HAVE BEEN INVOLVED, REGARDLESS OF SEVERITY.

DATE	CITY & STATE	BRIEF DESCRIPTION OF ACCIDENT	INJURIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
LAST ACCIDENT			FATALITIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
			AT FAULT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
NEXT PREVIOUS			INJURIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
			FATALITIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
			AT FAULT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
NEXT PREVIOUS			INJURIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
			FATALITIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
			AT FAULT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
NEXT PREVIOUS			INJURIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
			FATALITIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
			AT FAULT?	YES <input type="checkbox"/> NO <input type="checkbox"/>

ADDITIONAL INFORMATION

GIVE FULL NAME OF THREE REFERENCES - (NOT RELATIVES OR EMPLOYERS):

NAME	STREET ADDRESS	TELEPHONE NO.	YEARS KNOWN
NAME	STREET ADDRESS	TELEPHONE NO.	YEARS KNOWN
NAME	STREET ADDRESS	TELEPHONE NO.	YEARS KNOWN

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE	PLACE	OFFENSE	DISPOSITION
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PLEASE LIST ANY RELATIVES WHO WORK FOR THE COMPANY:

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT WOULD ASSIST US IN CONSIDERING YOUR APPLICATION.

ALL APPLICANTS READ AND SIGN BELOW BEFORE SUBMITTING THIS APPLICATION.

I hereby certify that the information contained in this application for employment is true and correct to the best of my knowledge and more by agree to have any of the statements verified by Matagrano, Inc. ("The Company") unless I have indicated to the contrary. I authorize the references listed above, as well as other individuals who the Company contacts, to provide the Company with all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company, or any of its agents, employees, or representatives. I understand and agree that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer, or, if I am hired, my dismissal from employment. I understand and agree that the Company shall not be liable in any respect if my employment is terminated because of a misrepresentation, falsification or material omission of information on this application for employment. I understand and agree that any information provided to the Company shall become the exclusive property of the Company.

I consent to taking a medical examination and inquiry after an employment offer has been made and any such future medical examinations as may be required by the Company. Such examination will include a urinalysis to determine the presence of controlled substances within the body.

I agree to furnish such additional information and complete such examinations as may be required to complete my application for employment file.

It is agreed and understood that this application for employment in no way obligates the Company to employ me. I have the right to resign my employment at any time, for any reason or no reason, with or without notice. I also understand that the Company has the right to discharge me at any time, for any reason, without notice. I further understand that neither this application nor any written or oral communication by management representatives made at the time of hire, or during the course of my employment, will be considered as creating an employment contract between the Company and me.

I hereby acknowledge and agree that, if employed, the Company has the right to question me and all other individuals or employees who are on or who are entering or leaving company premises; and the Company further has the right to inspect any and all packages, personal belongings, including but not limited to purses, handbags, briefcases, lunch boxes, or any other possessions or articles which are on or are carried to and from company property. In addition, I acknowledge and agree that the Company has the right to search any employee's office, desk, file, locker or any other area or article on company property. I also acknowledge and agree that all offices, desks, files and lockers are the property of the Company and that inspections of the above and other areas and items may be conducted at any time at the discretion of the Company.

By my signature below, I certify that I understand these conditions of employment and that all entries on this application are true and complete to the best of my knowledge.

Signature _____ Date _____ Employment application effective for 90 days from date of application signature. Applicant must complete a new application if reapplying after 90 days.

STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, DISABILITY, DISABLED VETERAN OR VETERAN OF THE VIETNAM ERA.

FOR OFFICE USE ONLY			
INTERVIEWER	DATE	INTERVIEWER	DATE
REFERRED BY	START DATE	STARTING SALARY	

OTHER



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