



Pride. Commitment. Community. Since 1915.

550 SOUTH PATTERSON AVE.
SANTA BARBARA, CA 93111

EMPLOYMENT APPLICATION

(PLEASE PRINT CLEARLY)



Pride. Respect. Integrity. Since 1915.

5305 EKWILL STREET
SANTA BARBARA, CA 93111

JORDANO'S and its subsidiaries will select, hire, train and compensate all employees strictly on the basis of ability to perform the duties of the position and bona fide occupational qualification; all without regard to race, color, religion, sex, national origin, sexual orientation, pregnancy, age, ancestry, marital status, military service or physical or mental disability all to the extent where governed by law.

Name: _____ Social Security No. _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: () _____ Message Telephone: () _____ E-mail Address: _____
Area Code Area Code

Have you ever been employed under another name? Yes _____ No _____ If so, what name: _____

List any relatives (and their department) currently employed by Jordano's or PBC: _____

Have you ever worked for Jordano's or any of its subsidiaries? Yes _____ No _____ When? _____ Position Held: _____

What prompted you to apply to Jordano's? Company Reputation _____ Agency _____ Newspaper _____ Relative _____ Friend _____ Name: _____

Position(s) applied for: _____ Part-time? _____ Full-time? _____

Are you available to work weekdays? Yes _____ No _____ Weekends? Yes _____ No _____ Night Shift? Yes _____ No _____

Pay expected: _____ Date Available: _____ Are you at least 18 years of age? Yes _____ No _____

Can you, upon employment, submit evidence of your identity and legal right to work in the United States? Yes _____ No _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Conviction for marijuana-related offenses that are more than two years old need not be listed.) Yes _____ No _____ If yes, please explain: _____

EDUCATION

Schools	Major Field	Number of Years Completed	Title of Degree	Did You Graduate?
High School / G.E.D. (last): _____ Address: _____ City/State: _____				
College/University: _____ Address: _____ City/State: _____				
Other Schools/Education: _____ _____ _____				

EMPLOYMENT HISTORY

IMPORTANT: LIST ALL PRESENT AND PAST EMPLOYMENT FOR THE LAST 10 YEARS WHETHER OR NOT IT SEEMS RELEVANT TO THE POSITION APPLIED FOR. LIST YOUR MOST RECENT EMPLOYER FIRST. IF LAPSES OCCURRED BETWEEN PERIODS OF EMPLOYMENT GIVE DATES OF, AND REASON FOR UNEMPLOYMENT, INCLUDE MILITARY SERVICE. COMPLETE ALL ITEMS, EVEN IF RESUME IS FURNISHED. ATTACH ADDITIONAL SHEET IF NECESSARY.

EMPLOYMENT DATES (Mo/Yr)	EMPLOYER	DESCRIPTION OF JOB DUTIES
From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact this employer? Yes____ No____	Name: _____ Address: _____ City/State: _____ Telephone: _____ Supervisor's Name: _____ Supervisor's Job Title: _____ Reason for Leaving: _____	_____ _____ _____ _____ _____ _____
From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact this employer? Yes____ No____	Name: _____ Address: _____ City/State: _____ Telephone: _____ Supervisor's Name: _____ Supervisor's Job Title: _____ Reason for Leaving: _____	_____ _____ _____ _____ _____ _____
From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact this employer? Yes____ No____	Name: _____ Address: _____ City/State: _____ Telephone: _____ Supervisor's Name: _____ Supervisor's Job Title: _____ Reason for Leaving: _____	_____ _____ _____ _____ _____ _____
From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact this employer? Yes____ No____	Name: _____ Address: _____ City/State: _____ Telephone: _____ Supervisor's Name: _____ Supervisor's Job Title: _____ Reason for Leaving: _____	_____ _____ _____ _____ _____ _____

SKILLS

Complete ONLY the section below that relates to the position for which you are applying. Attach sheet if additional space is needed for any item.

• **DRIVER, MANAGEMENT, MECHANIC, MERCHANDISER, SALES, STOCKER AND WAREHOUSE APPLICANTS**

DRIVER'S LICENSE: State: _____ License No. _____ Type: _____ Expiration: _____

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license. Signature: _____

Have you ever had any driver's license, permit or privilege suspended or revoked? Yes ___ No ___ If yes, list date(s), location and reasons:

Date	Location	Reason
Date	Location	Reason

DRIVING EXPERIENCE - Indicate the number of years experience for each type of equipment and the most recent year you operated such equipment.

Type of Equipment	No. of Years	Most Recent Year	Type of Equipment	No. of Years	Most Recent Year
Straight Truck					
Tractor/Single Trailer					
Tractor/Double Trailers					

ACCIDENT RECORD - List all accidents for the last five years. If none, write "NONE" below.

Date (Mo/Yr)	Location (City, State)	Type of Equipment You Were Driving	Nature of Accident (Rear-end, Head-on, etc.)	Injuries? (Yes or No)	Fatalities? (Yes or No)	Chargeable or Non-Chargeable

TRAFFIC CONVICTIONS - List all convictions and forfeitures in the last 5 years (excluding parking citations). If none, write "NONE" below.

Date (Mo/Yr)	Location (City, State)	Citation	Penalty / Fine

Number of years of warehouse experience: _____

List warehouse equipment you can operate: _____

List other training, experience in driving / warehouse: _____

• **OFFICE AND CLERICAL APPLICANTS** - List the years of experience in those areas for which you are fully qualified.

Type of Work	Years	Type of Work	Years	Type of Work	Years
Accounting - Clerical		Credit - Collections			
Accounts Payable		Excel			
Accounts Receivable		MS Word			
Bookkeeping - Full Charge		10-key by touch			

Additional training or experience, please list your software expertise: _____

ADDITIONAL INFORMATION

Please provide any additional information you feel will assist Jordano's in evaluating your qualifications and background.

I understand that any unanswered questions on this application may cause this application to be rejected. I also understand that any false, misleading, or incomplete statement or material omission on this application may result in rejection of my application, or if discovered after an offer of employment has been made, result in disciplinary action, up to and including termination.

I understand that Jordano's may contact my prior employers for purposes of reviewing my background. I authorize all former employers and schools to furnish Jordano's and its subsidiaries with information regarding my service, past performance, character, reason for leaving and qualifications. I hereby release such former employers, schools and persons from all liability on account of providing such information.

I understand that any offer of employment may be conditioned upon my successfully passing a post-offer physical exam, and I agree to submit to such a physical. I also understand that as a condition of my employment I may be required to submit to a urine test for alcohol, drugs and other controlled substances at a Jordano's selected medical facility at Jordano's expense. Prior to testing, I agree to sign Jordano's release form wherein I agree to submit to such testing and authorize the release of the test results to Jordano's. If test results demonstrate the presence of unprescribed drugs or controlled substances or an unacceptable level of alcohol, I understand that I will not be permitted to commence work for Jordano's.

I understand that any offer of employment will be conditioned upon my providing satisfactory evidence of my identity and authority to work in the United States, my successfully passing any required medical exam and/or drug and alcohol test, and upon Jordano's satisfactory responses to any reference inquiries. I understand as a matter of Company policy, in the event I am employed, my employment will not be for any specific term - accordingly my employment and compensation can be terminated, with or without cause, and with or without advance notice, at any time at the option of the Company or myself. I understand that no representative of Jordano's (other than a bona fide member of the Human Resources Department) has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and be signed by a member of the Human Resources Department.

I hereby certify that all statements on this application are true and complete to the best of my knowledge.

SIGNATURE _____

DATE _____