



Fregene's Inc.

P.O. Box 750158
 Petaluma CA 94975
 Corporate: (707) 762-7000
 Fax: (707) 762-1057

Employment Application

Applicant Information

Full Name:						Date:		
Last			First			M.I.		
Address:						Date of Birth		
Street Address					Apartment/Unit #			
City					State		ZIP Code	
Phone:	()			E-mail Address:				
Date Available:			Social Security No.:				Desired Salary:	\$
Position Applied for:								
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for this company?		YES	NO	If yes, when?				
		<input type="checkbox"/>	<input type="checkbox"/>					
Have you ever been convicted of a felony?		YES	NO					
		<input type="checkbox"/>	<input type="checkbox"/>					
If yes, explain:								

Education

High School:				Address:				
From:		To:		Did you graduate?	YES	NO	Degree:	
					<input type="checkbox"/>	<input type="checkbox"/>		
College:				Address:				
From:		To:		Did you graduate?	YES	NO	Degree:	
					<input type="checkbox"/>	<input type="checkbox"/>		
Other:				Address:				
From:		To:		Did you graduate?	YES	NO	Degree:	
					<input type="checkbox"/>	<input type="checkbox"/>		

References

Please list three professional references.

Full Name:				Relationship:			
Company:						Phone:	()
Address:							
Full Name:				Relationship:			
Company:						Phone:	()
Address:							
Full Name:				Relationship:			
Company:						Phone:	()

Address:			
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Previous Employment			
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Company:			Phone:	()
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Address:			Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Company:			Phone:	()
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Address:			Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Company:			Phone:	()
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Address:			Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Company:			Phone:	()
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Address:			Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Military Service					
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Branch:				From:		To:	
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Rank at Discharge:			Type of Discharge:			
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If other than honorable, explain:					
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Disclaimer and Signature					
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I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:					Date:	
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