

BB Shaw LLC

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Employment Application

(PLEASE PRINT)

APPLICANT INFORMATION										
Last Name			First	First				Date		
Street Address								Apartment/Unit #		
City				State				ZIP		
Phone				E-mail Address						
Date Available to Start	*Sch	edule Availability: M	☐ TU	□ W		тн 🗆	F 🗌	SA 🗆 SU 🗆		
* Availability can and will impact on hiring decision. The days disclosed as available will be used to determine company's future schedule, and you will be held accountable for these days. Not being able to follow the availability presented if hired will be considered grounds for termination of this employment at just cause.										
Position Applied for Full Time Part Time										
Are you authorized to work in the United YES NO States?										
Have you ever worked for this company? YES \(\square\) NO \(\square\) If so, when?										
EDUCATION										
High School A			Address							
From To		Did you graduate?	YES	NO 🗌	Degree					
College			Address							
From To		Did you graduate?	YES	NO 🗌	Degree					
Other			Address							
From To		Did you graduate?	YES	NO 🗆	Degree					
REFERENCES										
Give name, address and telephone number of three references who are not related to you and are not previous employers										
Full Name				Relationship)		
Company			Address	Address						
Full Name F				Relationship)		
Company				Address						
Full Name				Relationship)		
Company				Address						

PREVIOUS EMPLOYMENT									
Company					(
Address				Supervisor					
Job Title									
Responsibilities	Responsibilities								
From T	ō	Reason for Leaving							
May we contact your previous supervisor for a reference? YES NO									
Company					Phone ()				
Address				Supervisor					
Job Title									
Responsibilities									
From To Reason for Leaving									
May we contact your previous supervisor for a reference? YES NO									
Company					Phone ()				
Address				Supervisor					
Job Title									
Responsibilities									
From T	From To Reason for Leaving								
May we contact your previous supervisor for a reference? YES NO									
IN CASE OF EMERGENCY NOTIFY									
Name					Phone Number:				
Address									
Relationship									
I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature; which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization. If this application leads to employment, I understand that false or misleading information in my application or interview									
may result in my release/discharge. I understand also that I am required to abide by all rules and regulations of the employer.									
Signature						Date			