



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Artisan Design Group Employment Policy

Artisan Design Group is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, marital status, sexual orientation, disability, veteran status, or any other classification protected by law.

All offers are contingent upon:

- (1) Passing a pre-employment drug screen; and
- (2) Providing the legally required proof of your identity and authorization to work in the United States.

The accuracy and completeness of this application will be verified, a criminal background investigation may be conducted and, for applicable positions, a credit check may be requested. Additionally, if you are applying for a position requiring driving, your DMV records may be gathered.

Honest disclosures regarding criminal, driving, military and employment records are not an automatic bar to employment – all circumstances will be considered. But, incorrect or incomplete statements may be cause for your rejection before employment or your dismissal after employment.

Instructions for Completing the Application

- Signatures must be authentic and in ink.
- Fill out all pages of the application completely and accurately.
- Include at least a 10-year work history and explain all periods of unemployment.
- If more space is needed for employment history, please request a supplemental sheet.
- You may attach your resume to the hard copy of this document, but do not use it as a substitute for completing the application. By attaching your resume to the hard copy of the application, you are certifying the accuracy of its contents.
- Be sure to read the Applicant Authorization. After examining this authorization and our Employment Policy above, if you wish to continue with the application process, print, sign and date the Applicant Authorization.
- Please ask if you have any questions or need assistance 619-269-1211.
- Fax completed resumes to 619-269-0302 Attention: Scott Thompson

PERSONAL DATA

Name (Last) (First) (Middle)			SOCIAL SECURITY NUMBER:		
ADDRESS: (Number & Street)		(City)	(State)	(Zip Code)	
HOME PHONE: Area Code ()		WORK PHONE: Area Code ()		CELL PHONE: Area Code ()	
ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL ADDRESS:		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FORMER NAMES USED:		HAVE YOU EVER APPLIED TO ARTISAN DESIGN GROUP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: When?		LIST RELATIVES OR FRIENDS WORKING AT ARTISAN DESIGN GROUP:	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: List offense, date, sentence: Do not include misdemeanor convictions for which you have successfully completed probation or that have been otherwise discharged. Do not include information regarding referral to/participation in a pre- or post-trial diversion program. Do not include information regarding convictions for marijuana-related offenses greater than two years old.					
OFFENSE:		DATE OCCURRED:		SENTENCE:	

GENERAL/SKILL DATA

POSITION YOU ARE APPLYING FOR:		TYPE OF WORK APPLYING FOR: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship <input type="checkbox"/> Summer			
SALARY DESIRED:	ARE YOU ABLE TO WORK OVERTIME AS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WORKING HOURS DESIRED:		DATE AVAILABLE TO START WORK?	
WHERE DID YOU LEARN OF THIS POSITION?		LIST LANGUAGES, OTHER THAN ENGLISH, THAT YOU SPEAK, WRITE OR UNDERSTAND:			
LIST WORD PROCESSING & COMPUTER SKILLS:		LIST ANY OTHER SPECIAL SKILLS, CERTIFICATIONS, OR LICENSES:			

EDUCATION & TRAINING

EDUCATION	SCHOOL NAME AND LOCATION (City & State)	DATES ATTENDED (Mo./Yr.)		MAJOR/ MINOR	DEGREE RECEIVED OR UNITS COMPLETED	GRADE POINT AVG
HIGH SCHOOL		Not necessary for High School				
UNIVERSITY/ COLLEGES		<u>FROM</u>	<u>TO</u>			
UNIVERSITY/ COLLEGES		<u>FROM</u>	<u>TO</u>			
GRADUATE SCHOOL		<u>FROM</u>	<u>TO</u>			
TRADE OR BUSINESS SCHOOL		<u>FROM</u>	<u>TO</u>			

EMPLOYMENT HISTORY

PLEASE GIVE EMPLOYMENT HISTORY FOR THE PAST 10 YEARS STARTING WITH MOST RECENT EMPLOYER. INCLUDE ALL PAID AND UNPAID WORK. IF NEEDED, THERE IS ADDITIONAL SPACE FOR EMPLOYMENT HISTORY ON THE FOLLOWING PAGE.

COMPANY NAME ADDRESS	JOB TITLE & MAJOR DUTIES	SUPERVISOR & PHONE NUMBER	EMPLOYMENT STATUS	DATES EMPLOYED (Mo./Yr.) & SALARY
PRESENT OR MOST RECENT EMPLOYER: ADDRESS: PHONE NO:	JOB TITLE: DUTIES: REASON FOR LEAVING:	NAME/TITLE PHONE NO: MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME # OF HRS/WEEK <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER	FROM / TO: / STARTING BASE SALARY: per FINAL BASE SALARY per COMMISSION/BONUS:
NEXT PREVIOUS EMPLOYER: ADDRESS: PHONE NO:	JOB TITLE: DUTIES: REASON FOR LEAVING:	NAME/TITLE: PHONE NO:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME # OF HRS/WEEK <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER	FROM / TO: / STARTING BASE SALARY: per FINAL BASE SALARY per COMMISSION/BONUS:
NEXT PREVIOUS EMPLOYER: ADDRESS: PHONE NO:	JOB TITLE: DUTIES: REASON FOR LEAVING:	NAME/TITLE: PHONE NO:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME # OF HRS/WEEK <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER	FROM / TO: / STARTING BASE SALARY: per FINAL BASE SALARY per COMMISSION/BONUS:
NEXT PREVIOUS EMPLOYER: ADDRESS: PHONE NO:	JOB TITLE: DUTIES: REASON FOR LEAVING:	NAME/TITLE: PHONE NO:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME # OF HRS/WEEK <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER	FROM / TO: / STARTING BASE SALARY: per FINAL BASE SALARY per COMMISSION/BONUS:

EMPLOYMENT HISTORY (CONTINUED)

CONTINUE EMPLOYMENT HISTORY FOR AT LEAST THE PAST 10 YEARS STARTING WITH NEXT MOST RECENT EMPLOYER FROM THE PREVIOUS PAGE.

COMPANY NAME ADDRESS	JOB TITLE & MAJOR DUTIES	SUPERVISOR & PHONE NUMBER	EMPLOYMENT STATUS	DATES EMPLOYED (Mo./Yr.) & SALARY
NEXT PREVIOUS EMPLOYER: ADDRESS: PHONE NO:	JOB TITLE: DUTIES: REASON FOR LEAVING:	NAME/TITLE: PHONE NO:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME # OF HRS//WEEK <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER	FROM / / TO: / / STARTING BASE SALARY: per FINAL BASE SALARY per COMMISSION/BONUS:
NEXT PREVIOUS EMPLOYER: ADDRESS: PHONE NO:	JOB TITLE: DUTIES: REASON FOR LEAVING:	NAME/TITLE: PHONE NO:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME # OF HRS//WEEK <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER	FROM / / TO: / / STARTING BASE SALARY: per FINAL BASE SALARY per COMMISSION/BONUS:
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NEXT PREVIOUS EMPLOYER: ADDRESS: PHONE NO:	JOB TITLE: DUTIES: REASON FOR LEAVING:	NAME/TITLE : PHONE NO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME # OF HRS//WEEK <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER	FROM / / TO: / / STARTING BASE SALARY: per FINAL BASE SALARY per COMMISSION/BONUS:

PERIODS OF UNEMPLOYMENT

EXPLAIN FULLY ALL PERIODS OF UNEMPLOYMENT DURING THE LAST 10 YEARS. SHOW UNEMPLOYED PERIODS (MO./YR.)

FROM: / TO: / ADDRESS (City, State): PLEASE EXPLAIN:
FROM: / TO: / ADDRESS (City, State): PLEASE EXPLAIN:
FROM: / TO: / ADDRESS (City, State): PLEASE EXPLAIN:

PROFESSIONAL REFERENCES

LIST TWO OR THREE REFERENCES WHO HAVE KNOWN YOU IN A PROFESSIONAL OR BUSINESS CAPACITY (e.g., CO-WORKERS, CUSTOMERS) FOR AT LEAST ONE YEAR. DO NOT LIST RELATIVES OR FORMER SUPERVISORS. FORMER SUPERVISORS WILL AUTOMATICALLY BE CONSIDERED REFERENCES.

NAME	ADDRESS	PHONE	RELATIONSHIP/ OCCUPATION	YEARS ACQUAINTED

SUMMARY OF QUALIFICATIONS

DEMONSTRATE YOUR SUITABILITY FOR THE POSITION SOUGHT, BY OUTLINING YOUR CAREER OBJECTIVES AND ELABORATING ON THE FACTUAL MATERIAL ALREADY PRESENTED. SHOW HOW YOUR EXPERIENCE (EDUCATIONAL, EXTRACURRICULAR AND WORK) IS RELEVANT TO THE POSITION, ORGANIZATION, AND/OR FIELD OF WORK FOR WHICH YOU ARE APPLYING.

APPLICANT AUTHORIZATION (Read Carefully)

I certify that I have personally completed this application for employment with Artisan Design Group and that the facts contained in this application (and any attachments thereto) are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or deliberate omission of facts will be sufficient reason for refusal of employment or cause for dismissal, if employed.

I understand that as a condition of employment, I will submit to a pre-employment drug test. I understand that in the event of a confirmed positive test, I will be ineligible for employment at that time, and agree that any conditional offer of employment will be considered to be automatically rescinded. I also acknowledge that my employment is contingent upon providing proof of identity and authorization to work in the US, in accordance with federal regulations.

I authorize Artisan Design Group to conduct a background check and to investigate and verify all information provided in the application and/or interview. Further, I authorize, by my signature below or copy thereof, my current and former employers, schools and personal references to give all information concerning my education, employment, experience, and performance (including employment dates, salary, reasons for my cessation of employment) and any pertinent information they may have, personal or otherwise, to Artisan Design Group. I also release all parties from any and all liability and waive any claim against all or any parties resulting from furnishing such information to Artisan Design Group or its agents.

Additionally, I understand that nothing contained in this application or in any policies, procedures or handbooks I might receive, and nothing said to me in my interview, is intended to or shall be deemed to create an employment contract between Artisan Design Group and me. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless it is in writing and signed by an Officer of the Company. I understand and agree that if I am employed by Artisan Design Group, my employment, including compensation and benefits, can be terminated, with or without cause, with or without notice, at any time, at the option of either the Company or me. If employed, I agree to comply with all Company rules and regulations and understand such rules and regulations can be modified at any time the Company determines that it is necessary, except for the right for either the Company or me to terminate employment at any time for any reason.

SIGNATURE: _____ **DATE:** _____

PRINT NAME:

SOCIAL SECURITY NUMBER:

FORMER NAMES USED IN PAST EMPLOYMENT OR SCHOOLING (Last, First):

COMPLETE IF POSITION REQUIRES DRIVING:

DRIVERS LICENSE #:

STATE: