



DR. BRONNER'S
ALL-ONE!

In all we do, let us be generous, fair & loving to Spaceship Earth and all its inhabitants. For we're All-One or None! All-One!

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EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

Date _____ Last Name _____ First Name _____ Middle Initial _____

Present Address

No. & Street

City

State

Zip

(____) _____

Phone #

Email

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?

Yes

No

Regular part-time work?

Yes

No

Temporary work (summer or holiday work)?

Yes

No

Are you available for Day shift (7 am-3:30 pm)

PM Shift (3:30 pm-1 am)

What days and hours are you available for work? _____

Are you available for work on weekends?

Yes

No

Would you be available to work overtime, if necessary?

Yes

No

If hired, on what date can you start work? _____ Salary desired: _____

Personal Information

Have you ever applied to or worked for Dr. Bronner's Magic Soaps before?

Yes

No

If Yes, when? _____

How did you hear about us? _____

Do you have any friends or relatives working for Dr. Bronner's Magic Soaps? Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Why are you applying for work at Dr. Bronner's Magic

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? (If under 18, hire is subject to minimum verification of legal age.)..... Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?..... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Type of Degree/Major or Diploma
High School	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
College/ University	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
Vocational/ Business	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
Other	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			

Some of our customers and employees do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Dr. Bronner's Magic Soaps? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/ certification: Issuing state: _____
License/certification _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ Name of Employer	() _____ Telephone No.
_____ Address & Street	_____ State Zip _____
_____ Job Title	_____ Supervisor's Name

May we contact this employer for a reference? Yes No

_____ Name of Employer	() _____ Telephone No.
_____ Address & Street	_____ City
_____ Job Title	_____ Supervisor's Name

Dates of Employment: from _____ to _____

Employment History, continued

List Responsibilities and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

(____) _____
Telephone

Address & Street

City State Zip

Job Title

Supervisor's Name

Dates of Employment: from _____ to _____

Weekly Pay: starting _____ ending _____

List Responsibilities and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

(____) _____
Telephone

Address & Street

City State Zip

Job Title

Supervisor's Name

Dates of Employment: from _____ to _____

Weekly Pay: starting _____ ending _____

List Responsibilities and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name Last Name Telephone No. (____) _____

Address & Street City State Zip _____

Occupation No. of Years Acquainted _____

First Name Last Name Telephone No. (____) _____

Address & Street City State Zip _____

Occupation No. of Years Acquainted _____

First Name Last Name Telephone No. (____) _____

Address & Street City State Zip _____

Occupation No. of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date

Applicant's Signature