



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!

Shipping: 1335 Park Center Dr., Vista, CA 92081
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www.drbronner.com

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

Date _____ Last Name _____ First Name _____ Middle Initial _____

Present Address

_____ - _____
No. & Street City State Zip

(____) _____ (____) _____ _____
Business Phone Home 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? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

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? _____

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?	Degree 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.
_____ Type of Business	_____ Your Supervisor's Name
_____ Address & Street	_____ City State Zip
Dates of Employment: from _____ to _____	Weekly Pay: starting _____ ending _____

Your Position and Duties

Reason for Leaving _____
May we contact this employer for a reference? Yes No

_____ Name of Employer	() _____ Telephone No.
_____ Type of Business	_____ Your Supervisor's Name
_____ Address & Street	_____ City State Zip
Dates of Employment: from _____ to _____	Weekly Pay: starting _____ ending _____

Employment History, continued

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

(____) _____
Telephone

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: from _____ to _____

Weekly Pay: starting _____ ending _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

(____) _____
Telephone

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: from _____ to _____

Weekly Pay: starting _____ ending _____

Your Position 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:

