



Marketing Asset Management

ZUZA APPLICATION FOR EMPLOYMENT

Return To: ZUZA, Human Resources, 2304 Faraday Ave, Carlsbad, California 92008
Phone: (760) 438-9411; Fax: (760) 438-0974; or email to: careers@zuzamam.com

ZUZA is an Affirmative Action and Equal Opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, creed, national origin, age, disability, sex, marital status, ancestry, medical condition, pregnancy, veteran status, sexual orientation, or any other applicable status protected by state and/or federal law.

PERSONAL INFORMATION (PLEASE PRINT)					
Last Name		First Name		Middle Name	
				Today's Date / /	
Present Address – No. and Street				City	State Zip Code
Home Phone		Cell Phone		Work Phone	
Email Address					
Drivers License #/State		Have you ever before:		Applied for work at ZUZA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Date:	
		Worked for ZUZA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
				If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				Social Security Number:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe nature of the crime(s), date and plan of conviction and legal disposition of the case:			
<i>(Under CA law, you may exclude convictions for marijuana-related offenses more than 2 years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case was dismissed)</i>		<i>(ZUZA will not deny employment to any applicant solely because the person has been convicted of a crime. ZUZA, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.)</i>			
Please list below if you have ever worked under or earned degrees under another name (i.e., maiden name)					
Other Names:					
ADDITIONAL INFORMATION					
Position Applying For:			Salary Desired:		Date available:
Do you have any relatives employed at ZUZA?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list name(s):	
Do you have any commitments to another employer or organization which might interfere with or affect your employment with us?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
What prompted your interest in ZUZA?	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Advertisement (please specify)	<input type="checkbox"/> Employee Referral (Enter name below)	<input type="checkbox"/> Agency (please specify)	<input type="checkbox"/> Web (please specify)
					<input type="checkbox"/> Other (please specify)
EDUCATION AND TRAINING (Indicate Last Level of Education Completed)					
High School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		College or University: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduate School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Education	Name and Location (City and State)		GPA	Major	Degree Earned
College or University					
Graduate School					
Business, Trade or Vocational School					
List Foreign Languages:					
SPECIAL SKILLS/TRAINING					
CERTIFICATIONS/LICENSES					

PLEASE PRINT and fill out employment information even if included on your resume

List your last 3 employers with the most recent first. If you are currently employed, may we contact your employer? Yes No

Date Employed				Starting Salary/Wage	Present/Last Employer	
	Mo	Day	Year	\$		
From				Ending Salary/Wage:	Phone #	City, State
To				\$		
Supervisor's Name / Title:					Your Title:	
Duties Performed:						
Reason for Leaving:						

Date Employed				Starting Salary/Wage	Present/Last Employer	
	Mo	Day	Year	\$		
From				Ending Salary/Wage:	Phone #	City, State
To				\$		
Supervisor's Name / Title:					Your Title:	
Duties Performed:						
Reason for Leaving:						

Date Employed				Starting Salary/Wage	Present/Last Employer	
	Mo	Day	Year	\$		
From				Ending Salary/Wage:	Phone #	City, State
To				\$		
Supervisor's Name / Title:					Your Title:	
Duties Performed:						
Reason for Leaving:						

PROFESSIONAL REFERENCES (Please List Only References We May Contact At This Time)

Name	Title and Professional Relationship	Phone Number and Extension	<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work

APPLICANT RELEASE

I certify that the information given by me in this employment application is true and correct and contains no material omissions of any kind. I understand that any false statements or material omissions of fact made by me in this employment application or the interview process may disqualify me from employment or result in my termination. I release ZUZA, its employees and agents from any and all liability for failing to hire me or terminating my employment due to such false information or material omissions.

I understand that ZUZA follows an "employment at will" policy, in that in the event I become employed by ZUZA, either the company or I may terminate my employment at any time, with or without notice, for any reason or no reason at all. I also understand that no person, other than the President of ZUZA, has the authority to modify the terms of my at-will employment, and that any such modification will not be binding unless it is in writing and signed by the President. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that ZUZA is a drug-free workplace and requires certain information about me to evaluate my qualification for employment. I authorize ZUZA to investigate my past employment, education credentials, criminal records (if any), reference checks and other employment-related activities. I agree to cooperate in any investigations and I hereby release those parties supplying pertinent information to ZUZA from all liability or responsibility with respect to information supplied. I also authorize my prior employers and individuals whom I have listed as references to supply ZUZA with information which it requests concerning my past employment, education, experience and qualifications.

I understand this application is only valid for the position applied for at present and that ZUZA is not obligated to retain or consider this application for future openings. I understand that if I am hired I will preserve in strictest confidence both ZUZA's proprietary and/or confidential information belonging to third parties which I learn of as a result of my employment at ZUZA. I also understand that if I am hired I will not be free to hold or accept employment with others which would create a conflict of interest with my employment at ZUZA.

My signature below certifies that I have read and understood and agree to the aforementioned.

Signature: _____ Date: _____