

Employment Application

All sections must be completed to be considered for this position. PLEASE PRINT OR TYPE AND USE BLACK INK

Title of Position Desired:

Date:

PERSONAL INFORMATION (FULL LEGAL NAME)

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE

STREET ADDRESS

P.O.BOX

CITY

STATE

ZIP

TELEPHONE (DAY)

TELEPHONE (EVENING)

DATE YOU CAN START

SALARY DESIRED

ARE YOU A MINOR?

AVAILABILITY LIST THE HOURS YOU ARE AVAILABLE TO WORK EACH DAY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

ARE YOU AVAILABLE TO WORK HOLIDAYS? (Circle one)

YES

NO

SPECIAL SKILLS/TRAINING

EDUCATION

HIGH SCHOOL GRADE COMPLETED _____

HS DIPLOMA

YES

NO

GED RECEIVED

YES

NO

POST SECONDARY EDUCATION

LOCATION

DEGREE OR CERTIFICATE

SUBJECTS STUDIED

EMPLOYMENT INFORMATION IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER

EMPLOYER	ADDRESS	PHONE	POSITION HELD
SUPERVISOR'S NAME/TITLE	DATE STARTED	DATE LEFT	REASON FOR LEAVING
JOB RESPONSIBILITIES/DUTIES			SALARY (PER HOUR OR MONTH)
MAY WE CONTACT? YES NO			

EMPLOYER	ADDRESS	PHONE	POSITION HELD
SUPERVISOR'S NAME/TITLE	DATE STARTED	DATE LEFT	REASON FOR LEAVING
JOB RESPONSIBILITIES/DUTIES			SALARY (PER HOUR OR MONTH)
MAY WE CONTACT? YES NO			

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	YEARS KNOWN

GENERAL INFORMATION

Have you ever been convicted of, plead guilty or no contest to a violation of law other than a minor traffic violation? Yes _____ No _____

Do you have any charges or proceedings pending against you? Yes _____ No _____

Do you hold a valid California driver's license? Yes _____ No _____

Has your driver's license ever been revoked or suspended? Yes _____ No _____

Have you ever been fired, or demoted from a job? Yes _____ No _____

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

DATE _____ SIGNATURE _____