

Position applying for: _____

Employee Information

Last Name: _____ First Name: _____ Middle _____

Home phone: _____ Cell phone: _____ Email: _____

Address: _____

Are you able to perform the essential functions of the position with or without accommodations?

Yes No

If necessary for the job are you older than:

18 21

I am legally eligible for employment in the U.S.?

Yes No

I will be able to work ___ days after hiring notification.

If necessary for the job, I am able to:

Work overtime? Yes No

Provide a valid California Driver's License? Yes No

If so, fill out the following: Issuing state: _____

Type: _____

I am available to work the following shifts:

Any AM PM NOC Other _____

Employment History

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
	Supervisor: Telephone:		

Summarize other experience related to this job:

Education

	Institution	Years completed	Field of Study	Graduate/Degree
High School				
College/University				
Business/Technical				
Additional				

Military

Are you a veteran? Yes No

Duty/specialized training: _____

Skills and Qualifications

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation:

References

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

Emergency Contact

In case of accident or illness, please contact:

Name: _____ Relationship _____

Address: _____ Daytime phone _____

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date