Employment Application



Programs, services, and employment a reasonable accommodation for the ap	are equally available to everyone. Please inform if you requi oplication or interview.	re Date of Review (Month/Day/Year)
APPLICANT DATA:		Position Applied for:
How were you referred to us:		
Full name:		
(LAST)	(FIRST)	(MIDDLE)
Address:	City:	State: Zip:
Phone: ()	Mobile/Pager/Other:	Email:
Date Available to Start:	Salary Requirement:	
Do you possess a valid Californ	nia Driver's License? 🗖 Yes 🗖 No	
If no, please explain:		
Have you been discharged or fo	orced to resign a position? Yes No If yes	s, when?
Are you a citizen of the United Sta	ates? Yes No	
If not, are you legally allowed to v	work in the United States? Yes No	
Type of employment desired:	☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasor	nal
Have you ever pled "guilty," "no	contest," or been convicted of a crime? ☐ Yes ☐	No
If yes, give dates and details:		
Answering "yes" to these question violation, rehabilitation, and position	· · · · · · · · · · · · · · · · · · ·	ployment. Date of the offense, seriousness and nature of the
Driver's license number:		State:
SUMMARIZE YOUR SPECIA	L SKILLS OR QUALIFICATIONS:	

PREVIOUS EMPLOYMENT (begin with most recent position):				
Dates of Employment: From//	To//	Position(s) Held:		
Firm:		Address:		
Phone: ()	Supervisor:	Title:		
Responsibilities:				
Starting Salary and Title:		Ending Salary and Title:		
Reason for Leaving:				
May we contact this employer for a reference?				
Dates of Employment: From/	To//	Position(s) Held:		
Firm:		Address:		
Phone: ()	Supervisor:	Title:		
Responsibilities:				
Starting Salary and Title:		Ending Salary and Title:		
Reason for Leaving:				
May we contact this employer for a reference?				
Dates of Employment: From//	To/	Position(s) Held:		
Firm: Address:				
Phone: ()	Supervisor:	Title:		
Responsibilities:				
Starting Salary and Title:		Ending Salary and Title:		
Reason for Leaving:				
May we contact this employer for a reference?				
I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.				
In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.				
Signature of Applicant:		Date:		