

# SAMPLE JOB APPLICATION

**PLEASE NOTE:** It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address							
Name (First, MI, Last) Abigail Lor Lee				Social Security Number 999-99-9999			
Mailing Address 1325 Katherine Suite 8547							
City, State, and Zip Code Coalinga, California, 93210							
Telephone (559)876-543				Alternate Phone (559)123-456			
If under 18, please list age 17				Email alee-s408@chusd.org			
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input checked="" type="checkbox"/> Mon.	<input checked="" type="checkbox"/> Tues.	<input checked="" type="checkbox"/> Wed.	<input checked="" type="checkbox"/> Thurs.	<input checked="" type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input checked="" type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time	
How many hours can you work weekly? 20 hours weekly				Can you work nights? No		Date available to begin May 10, 2024	
Additional Information							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, please explain:  N/A							
Do you have a driver's license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Driver's license number N/A		Issued in what state? N/A	
Have you had any accidents during the past three years? N/A						How many? N/A	
Have you had any moving violations during the past three years? N/A						How many? N/A	

Education				
School	Location (mailing address)	Years Completed	Major	Degree or Diploma
<b>High School</b>				
Coalinga High School	750 Van Ness Street	3		
<b>College or Business/Trade School</b>				
West Hills College	300 W Cherry Ln, Coalinga, CA 93210	1		
<b>Military</b>				
Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date entered N/A	
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Discharge date N/A	
Specialty	N/A			

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company N/A	Name of last supervisor N/A	Hrs/week N/A
Address N/A	Start Date N/A	Starting Salary N/A
City, State, and Zip Code N/A	End Date N/A	Final Salary N/A
Phone number N/A	Your last job title N/A	
Reason for leaving (be specific) N/A		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. N/A		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

  

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Address N/A	Start Date N/A	Starting Salary N/A
City, State, and Zip Code N/A	End Date N/A	Final Salary N/A
Phone number N/A	Your last job title N/A	
Reason for leaving (be specific) N/A		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. N/A		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Work Experience (continued)**

Company N/A	Name of last supervisor N/A	Hrs/week N/A
Address N/A	Start Date N/A	Starting Salary N/A
City, State, and Zip Code N/A	End Date N/A	Final Salary N/A
Phone number N/A	Your last job title N/A	
Reason for leaving (be specific) N/A		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.  N/A		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**References**

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.  
Mrs. Debra Bonilla, (559)-836-4486, English Teacher at Coalinga High
2.  
Mrs. Christine Barcus, (559)-434-0766, Health Teacher at Coalinga High
3.  
Mr. Manuel Chagoyan, (559) 935 -7520, Web Page Teacher at Coalinga High
4.  
Mr. Mark Gritton, (559)-934-2455, Health Professor at WestHills

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature Abigail Lee	Date 05/10/24
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