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 an	d Address				
Name (First, MI, Last)				Social Security Number				
Morgan Anne Trythall			999999999	99				
Mailing Ado								
1838 Buena	Vista Dr.							
City, State, a	and Zip Code							
Coalinga CA	93210							
Telephone				Alternate Pl	Alternate Phone			
412-609-80	69							
If under 18,	please list age			Email				
17				mtryt-s865@chusd.org				
			Job	Type				
]		ailable to wor				
☐ I have no	☐ Mon.	☐ Tues.	□ Wed.	☐ Thurs.	□ Fri.	□ Sat.	☐ Sun.	
preference.								
I am seeking a: \square Full-time job \square Part-time job					☐ Full- or Part-time			
•	nours can you	work weekly?		Can you work nights?		Date available to begin		
10-14				no		Any		
				Information				
Have you ever been employed by this organization in the past?			□ Yes	□ No				
I certify that I am a U.S. citizen, permanent resident, or a foreign national with			□ Yes	□ No				
authorization to work in the United States.								
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a				□ Yes	□ No			
,	dgment to a fel	iony?						
If Yes, please	e explain:							
Do you have a driver's license? ☐ Yes ☐ No D			Driver's lice	Driver's license number		 vhat state?		
, J = 1 - 1 - 1								
Have you had any accidents during the past three years?				How many?				
The fourth diff decidents during the pust three years.								
Have you had any moving violations during the past three years?				How many	How many?			
,	, .	,	0 1	J				
1						Ī		

Education							
School	Location (mailing ad	ldress)	Years Completed	Major	Degree or Diploma		
High School							
Coalinga high school	750 Van Ness Av. Coalinga C	A 93210	3	n/a	high school diploma		
College or Business/Trade	- School						
3							
		itary					
Have you even been in the		□ Yes	□ No	Date entered			
Are you now a member of	□ Yes	No	Discharge dat	e			
Specialty	_						

Work Experience						
Please list ALL work experience beginning with your most re	ecent job held. Attach additiona	ıl sheets if necessary.				
Company	Name of last supervisor	Hrs/week				
n/a						
Address	Start Date	Starting Salary				
City State and 7in Code	End Date	Einal Calamy				
City, State, and Zip Code	End Date	Final Salary				
Phone number	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or	learned, advancements or pr	omotions while you worked				
at this company.	•	•				
May we contact this employer? \square Yes \square No						
Company	Name of last supervisor	Hrs/week				
Address	Start Date	Starting Salary				
		,				
City, State, and Zip Code	End Date	Final Salary				
City, butte, and Zip Code	Lita Bate	Tillar Salary				
DI 1	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Phone number	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or	learned, advancements or pr	omotions while you worked				
at this company.						
at this company.						
at this company.						
at this company.						
at this company.						
at this company.						

Work Experie	nce (continued)				
Company	Name of last supervisor	Н	Irs/week		
Address	Start Date	Starting Salary			
City, State, and Zip Code	End Date	Final Salary			
Phone number	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or at this company.	learned, advancements or pro	motions while you	u worked		
May we contact this employer? \square Yes \square No					
References					
Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.					
1.					
2.					
3.					
4.					
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		Date			
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