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				
Aldo Ballesteros			999-99	-9999				
Mailing Add	dress							
	P.O BOX	2597						
City, State, a	and Zip Code							
	Huron, CA 932	234						
Telephone Alternate Phone								
,	559-895-2399							
If under 18,	please list age			Email				
17				treeamigos559@gmail.com				
			Job	Type				
	T		Days/hours av	1		Т		
☑ I have no	☐ Mon.	☐ Tues.	□ Wed.	☐ Thurs.	□ Fri.	□ Sat.	☐ Sun.	
preference.					<u> </u>			
I am seeking		☐ Full-time j		☑ Part-time j		☐ Full- or Part-time		
How many hours can you work weekly?				Can you work nights?		Date available to begin		
			A 1 1144 1	T (1:				
I I		arrad harribia ar		Information		□Yes	⊠ No	
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 authorization to work in the United States.					I I CS			
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a					☐ Yes	⊠ No		
withheld judgment to a felony?					163			
If Yes, please explain:								
п 105, рисаве схртать.								
Do you have a driver's license? ☐ Yes ☐ No ☐ Driver's license number				Issued in what state?				
Have you had any accidents during the past three years?				How many?				
Have you had any moving violations during the past three years?				How many?				

Education						
School	Location (mailing ac	ldress)	Years Completed	Major	Degree or Diploma	
High School						
Coalinga High School	750 Van Ness St, Coalinga	, CA 93210	3			
College or Business/Trade	e School					
	Mil	itary				
Have you even been in the Armed Forces? ☐ Yes ☐ No ☐ Date entered						
Are you now a member of the National Guard?			⊠ No	Discharge date		
Specialty						

Work E	xperience		
Please list ALL work experience beginning with your most r	ecent job held. Attach additiona	al sheets if necess	ary.
Company CHUSD	Name of last supervisor Maria	Hrs/week 40	
Address 36131 N St	Start Date Starting Sa 7/13/2023 \$15.50/hor		
City, State, and Zip Code Huron, CA 93234	End Date Final Sa 8/15/2023 \$15.50/		r
Phone number 559-935-7500	Your last job title Maintenance		
Reason for leaving (be specific) Temporary Summer Job	•		
List the jobs you held, duties performed, skills used or at this company. I helped clean classrooms, offices, the cafeteria and unloading boxes full of library books and organized cleaned the floors.	d restrooms. I moved furniture,	desks, cabinets	, helped with
May we contact this employer? \Box Yes \Box No			
Company	Name of last supervisor		Hrs/week
Address	Start Date	Starting Salary	
City, State, and Zip Code	End Date	Final Salary	
Phone number	Your last job title	1	
Reason for leaving (be specific)	. I		
List the jobs you held, duties performed, skills used or at this company.	learned, advancements or pr	omotions while	e you worked
May we contact this employer? \square Yes \square No			

Work Experience (continued)						
Compar	ny	-	Name of last supervisor	Hrs/week		
Address			Start Date	Starting Salary		
				,		
City, Sta	te, and Zip Code		End Date	Final Salary		
,	, 1			,		
Phone n	ıımber		Your last job title			
1 Hone H			Tour last job title			
Reason f	for leaving (be specific)					
Reason	or leaving (be specific)					
List the	iohe vou hold duties perf	ormod skills used or l	learned, advancements or pro	omations while was worked		
1	ompany.	office, skins used of i	learned, advancements of pro	omotions write you worked		
at tills Co	mparty.					
May we	contact this employer?	□ Yes □ No				
J	1	Refer	rences			
Pl	ease include name, phone num	ber, and circumstances of y	jour acquaintance. Exclude relative	es and former employers.		
1.	Manuel Chagoyan	559-935-7520	Web Page Desig	n Teacher		
	Manuel Chagoyan	339-933-7320	Web I age Desig	II Teacher		
2.	NA D:	550.045.0006	Office Assist	onee II		
	Mrs. Pimentel.	559-945-2926	Unice Assist	ance ii		
3.	Mrs. Moreno	559-935-7520	Math Teach	or		
	IVII'S. IVIOTETIO	007 700 7020	Watti readily			
4						
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.						
Signatur		, empregment with th	componing verminituriem	Date		
Jigilalul				5/1/23		