

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) Karen Flores				Social Security Number 987-69-807			
Mailing Address 225 E Houston St							
City, State, and Zip Code Coalinga, CA 93210							
Telephone 559 349 9052				Alternate Phone 559 469 7086			
If under 18, please list age 17				Email kflor-s577@chusd.org			
Job Type							
Days/hours available to work							
<input checked="" type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time	
How many hours can you work weekly? 40				Can you work nights? Yes		Date available to begin 6.19.25	
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? no						How many? n/a	
Have you had any moving violations during the past three years? no						How many? n/a	

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

Work Experience

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

Company The Aden Group	Name of last supervisor Eric E Everhart	Hrs/week 40
Address 1930 Mcpherrin Avenue	Start Date 06.20.2019	Starting Salary \$15.00
City, State, and Zip Code Coalinga, California 93210	End Date current	Final Salary \$45.00
Phone number 559-935-7900	Your last job title Accounts Payable clerk	
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. Paid organization involves on a monthly basic Won employe of the century (twice)		
May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work Experience (continued)

Company n/a	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	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? ☐ Yes ☐ No**References***Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1. Mr. Manuel Chagoyan 559-935-7520
Technology Teacher

2. Mr. Kolbe Gillette 559-935-7520
Teacher

3. Kimberly Deverick 559-935-7520
Teacher

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

04.27.23