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			
Yuliana J Covarrubias			123 - 45 - 6789				
Mailing Ado		Walnut Ave					
City, State, a	nd Zip Code						
-	Coa	alinga, CA 9	3210				
Telephone				Alternate P	hone		
	213 - 246	5 - 3279					
If under 18,	please list age			Email			
		17		ycova-s226@chusd.org			
			Job	Type			
			Days/hours av	ailable to wor	·k		
☐ I have no	☐ Mon.	☐ Tues.	□ Wed.	☐ Thurs.	□ Fri.	☐ Sat.	☐ Sun.
preference.							
I am seeking	g a:	☐ Full-time j	ob	☐ Part-time job		☐ Full- or Part-time	
How many l	hours can you	work weekly?	•	Can you work nights?		Date available to begin	
				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 authorization to work in the United States.				□ Yes	□ No		
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?				□ Yes	□No		
If Yes, please							
ii Tes, preus	с схрини						
				T			
Do you have	e a driver's lice	ense? 🗆 Yes	□ No	Driver's lice	Driver's license number		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?			

	Educ	ation			
School	Location (mailing ac	ldress)	Years Completed	Major	Degree or Diploma
High School					
					1
College or Business/Trade	e School				
					İ
	Mil	itary			
Have you even been in the		□ Yes	□No	Date entered	
Are you now a member of the National Guard?		□ Yes	□ No	Discharge date	e
Specialty					

	xperience				
Please list ALL work experience beginning with your most re	· ·	· · · · · · · · · · · · · · · · · · ·			
Company	Name of last supervisor	Hrs/week			
Address	Start Date	Starting Salary			
City State and 7in Code	End Date	Final Calass			
City, State, and Zip Code	End Date	Final Salary			
Phone number	Your last job title				
Reason for leaving (be specific)					
List the ishe you held duties wentermed chille used on	10				
List the jobs you held, duties performed, skills used or	learned, advancements or pro-	omotions while you worked			
at this company.					
May we contact this employer? \square Yes \square No					
Company	Name of last supervisor	Hrs/week			
Address	dress Start Date Starting Sala				
City, State, and Zip Code	End Date	Final Salary			
City, State, and Zip Code	End Date	Tillai Salary			
Phone number	Your last job title				
Reason for leaving (be specific)					
	1 1 1	1.1			
List the jobs you held, duties performed, skills used or	learned, advancements or pro-	omotions while you worked			
at this company.					
May we contact this employer? ☐ Yes ☐ No					

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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