

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) Juan Tomas Gomez				Social Security Number 999-99-9999			
Mailing Address 225 Bordagary Lane							
City, State, and Zip Code Coalinga, California, 93210							
Telephone 559-401-9328				Alternate Phone 559-707-4891			
If under 18, please list age 15				Email 9jtgomez32@gmail.com			
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 checked="" type="checkbox"/> Full- or Part-time	
How many hours can you work weekly? 8-10				Can you work nights? yes		Date available to begin someday	
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
--------	----------------------------	-----------------	-------	-------------------

High School

Coalinga High	750 Van Ness Street	1	N/A	N/A

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			

Work Experience

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

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? Yes 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? Yes No

Work Experience (continued)

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? Yes No

References

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

1. Mrs.Barcus, 750 Van Ness St.Coalinga, CA 93210, Phone: (559) 935 -7520 ,E-mail:
 cbarcus@chusd.org

2. Mrs.Burlend 750 Van Ness St. Coalinga, CA 93210 Phone: (559) 935 -7520
 E-mail: kdeverick@chusd.org

3. Mr.Gillette 750 Van Ness St. Coalinga, CA 93210
 Phone: (559) 935 -7520
 E-mail: kgillette@chusd.org

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