APPLICATION FOR EMPLOYMENT



3232 MAIN STREET • LEMON GROVE, CA 91945 • PHONE (619) 825-3800

Instructions: Answer all questions completely and accurately. **Do not write "See Resume."** Type or print legibly in ink. All statements are subject to verification. An incorrect or incomplete application may bar you from employment.

1. NAME: Last	First Middle	e 2. TI	TLE OF POSITION for which you a	are applying:			
3. ADDRESS: Number	Street	City	Sta	te Zip Code			
4. HOME PHONE NUMBER:	WORK PHONE NUMBE	R: EMAIL AI	DDRESS:				
5. VALID CLASS C CALIFORNIA DRIVER'S LICENSE?							
6. Have you ever been emplo Do you have any relatives en If "Yes" state names:	7. If hired, can you show ve right to work in the Un						
8. EDUCATION & TRAINING: Highest level of education completed: High School or GED Some College Associates Bachelors Masters Doctorate							
If you do not have a high school diploma or a GED certificate, please circle the highest grade completed?							
Name and Location of College, University, Business, Technical, or other schools		Major course of study	Type of Degree	Date of Degree Month & Year			
Licenses, Registration, Certificates of professional or vocational competence:							
Computer Literacy: Check software you are adept at using or are skilled in: Access Excel MS Word Outlook PowerPoint Windows WordPerfect							
Other:							
Describe any other job relate	d skills:						

9. Where did you hear o	of this job opportunity? (p	please be specific, i.e. which newspaper, which	website, etc.)		
10. EXPERIENCE: List all jobs you have had in the last ten years; list your present or most recent job first. Failure to list the related experience required or failure to provide any of the information requested will result in your application being considered incomplete and therefore subject to rejection. Do not write "See Resume." If more space is required, you may attach additional sheets, but a resume will not substitute for the information required in this section.					
Dates Employed:		Employer:	Your Title:		
Hours Weekly:		Address:	Reason for leaving:		
Supervisor:		Duties:			
Supervisor's Title:					
Supervisor's telephone number:					
Dates Employed:		Employer:	Your Title:		
Hours Weekly:		Address:	Reason for leaving:		
Supervisor:		Duties:			
Supervisor's Title:					
Supervisor's telephone number:					
Dates Employed:		Employer:	Your Title:		
Hours Weekly:		Address:	Reason for leaving:		
Supervisor:		Duties:			
Supervisor's Title:					
Supervisor's telephone number:					
Dates Employed:		Employer:	Your Title:		
Hours Weekly:		Address:	Reason for leaving:		
Supervisor:		Duties:	·		
Supervisor's Title:					
Supervisor's telephone number:					

11. May we contact your employers? Yes No Comments:	
	re true and complete and understand that falsified statements on this I understand that reference checks may be made regarding my past is contained herein.
SIGNATURE	DATE