

EDUCATION AND TRAINING

Type of School	Name and Location	No. of Years Completed	Did you graduate	Major / Degree
High School/ GED/CHSPE				
Business/Trade or Technical School				
College(s) or University (ies)				

Are you attending school now: Yes No

Name of School / Course of Study:

SPECIAL SKILLS

Licenses / Certificates

Answer only if position applied for requires a driver's license.
Do you have a valid driver's license issued by the State of California? Yes No

Keyboarding WP:

Computer Programs:

Special Equipment:

List Foreign Language(s) (optional)

Speak _____ Read _____ Write _____ Interpret / and or translate

Do you have any other experience, training, qualification or skills, which you feel, make you especially suited for the position applied for?

Yes No If yes, please explain.

EMPLOYMENT HISTORY

For the last 10 years, starting with most recent, list each job held and account for all periods of unemployment. Attach additional sheets if necessary. You must complete this section even if attaching a resume.

EMPLOYER: _____ May we contact this employer? Yes No
Address: _____ City / State: _____ Phone: _____
Supervisor's Name: _____ Phone: _____
Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____
Title or Position: _____
Duties and Responsibilities: _____
Reason for Leaving: _____
Account for periods of unemployment between jobs: _____

EMPLOYER: _____ May we contact this employer? Yes No
Address: _____ City / State: _____ Phone: _____
Supervisor's Name: _____ Phone: _____
Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____
Title or Position: _____
Duties and Responsibilities: _____
Reason for Leaving: _____
Account for periods of unemployment between jobs: _____

EMPLOYER: _____ May we contact this employer? Yes No
Address: _____ City / State: _____ Phone: _____
Supervisor's Name: _____ Phone: _____
Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____
Title or Position: _____
Duties and Responsibilities: _____
Reason for Leaving: _____
Account for periods of unemployment between jobs: _____

EMPLOYMENT HISTORY

EMPLOYER: _____ May we contact this employer? Yes No

Address: _____ City / State: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____

Title or Position: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Account for periods of unemployment between jobs: _____

EMPLOYER: _____ May we contact this employer? Yes No

Address: _____ City / State: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____

Title or Position: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Account for periods of unemployment between jobs: _____

CERTIFICATION

Important, please read carefully and sign.

I hereby certify that the information on this application and all other information otherwise provided are true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the institution or I can terminate the relationship at will, with or without cause, at any time with or without notice. I further acknowledge that the only manner in which the "at will" nature of the employment relationship can be altered is by means of a specific written agreement signed by me and the institution's President or Chief Executive Officer.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature _____ Date: _____