

CALIFORNIA FAMILY LIFE CENTER (CFLC)
P.O. BOX 727 HEMET, CA 92546
(951)765-6955

DATE: _____

JOB APPLICATION

(Form to be completed by employee)

NAME (LAST	FIRST	MIDDLE)	TELEPHONE ()
ADDRESS	CITY	ZIP	ARE YOU 18 YEARS OF AGE OR OLDER? ___ YES ___ NO IF NO, PLEASE STATE YOUR AGE; _____
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY)		DATE OF LAST PHYSICAL	DATE OF LAST TB TEST

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME: ___ YES ___ NO IF YES, PLEASE LIST ALL NAMES USED:

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? ___ YES ___ NO	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? ___ YES ___ NO
CDL NUMBER	IF YES, PLEASE EXPLAIN ON BACK OF FORM
NEAREST LIVING RELATIVE—NAME:	TELEPHONE NUMBER
	RELATIONSHIP

ADDRESS

PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is needed, attach separate sheet.)

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO

EDUCATION

CIRCLE HIGHEST YEAR COMPLETED	DIPLOMA OR EQUIVALENT	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE?
6 7 8 9 10 11 12		___ NO ___ YES IF YES, EXPECTED COMPLETION DATE _____

EMPLOYMENT — RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

EDUCATION (cont'd)

NAME OF UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. OF YEARS COMPLETED	NO. OF UNITS COMPLETED	DIPLOMA DEGREE OR CERTIFICATE	DATE COMPLETED

REFERENCES

List names of three persons who can give information about your background, character, abilities, and work performance. List at least one employer/co-worker.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU Friend, employer, community representative, etc. (NO RELATIVES)

PROFESSIONAL AND TECHNICAL QUALIFICATIONS

A. List Licenses or Certificates of Competence held:

B. Names of Professional Associations of which you are a member:

Please list any other experience, training, qualifications, or skills which you feel make you especially suited for this position:

Are you able to perform the essential functions of the job for which you are applying, as outlined on the job description, either with or without reasonable accommodation? ___Yes ___No If no, describe the functions that cannot be performed:

NOTES:

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verifications.

SIGNATURE OF APPLICANT:

DATE: