Employment Application



627 So Hwy 49 Jackson, Ca 95642 209 257-0800

APPLIC	CANT	IN	FORM	MATION																
Last Name								First				M.I.		Dat	e					
Street Address											Apart	rtment/Unit #								
City						State					ZIP									
Phone							E-mail A	Address	ddress											
Date Available											Des	ired Sa	lary							
Position Applied for																				
Are you a citizen of the United States? YES					NC) 🗌	If no,	If no, are you authorized to work in the U.S.? YES D NC				NO								
Have you ever worked for this company? YES						NC)	If so, v	If so, when?											
Have you ever been convicted of a felony? YES						NC) 🗌	If yes, explain												
EDUCA	TION	1																		
High School					Ad	ldress														
From	To Did you gr		graduate?	YES 🗌		NO 🗌		Degree												
College					Ad	ldress				I										
From	To Did you graduate?		graduate?	YE	S 🗌	NO Degree														
Other				Ad	ldress				I											
From		To Did you graduate?		YE	S 🗆	NO Degree														
REFERE	ENCE	S																		
Please lis	st thre	e pro	ofessio	onal refere	ences.															
Full Name								Rel	lation	ship										
Company	/									Phone										
Address																				
Full Name						Relationship														
Company							Pho	one												
Address																				
Full Name							Relationship													
Company							Pho	one												
Address												1								

PREVIOUS EMPLOYMENT									
Company			Phone						
Address			Supervisor						
Job Title			\$	Ending Salary \$					
Responsibilities									
From	To Reason for Leaving								
May we contact yo	our previous superv	visor for a reference?	NO 🗌						
Company			Phone						
Address			Supervisor						
Job Title			\$	Ending Salary \$					
Responsibilities									
From	To Reason for Leaving								
May we contact your previous supervisor for a reference? YES NO									
Company			Phone						
Address			Supervisor						
Job Title			\$ Ending Salary \$						
Responsibilities									
From	om To Reason for Leaving								
May we contact your previous supervisor for a reference? YES \Box NO \Box									

MILITARY SERVICE Branch From To Rank at Discharge Type of Discharge If other than honorable, explain Statement

DISCLAIMER AND SIGNATURE							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature	Date						