

EMPLOYMENT APPLICATION

RESUMES ARE NOT ACCEPTED IN LIEU OF THIS APPLICATION

PLEASE FAX COMPLETED APPLICATION TO 916-307-5790

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Referred by:			
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Are you currently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, may we inquire of your present employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES- PLEASE LIST THREE PROFESSIONAL REFERENCES.	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship

Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		

From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		

From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		

Supplemental Questionnaire for Office Assistant

Name: _____

Address: _____

Phone Number: _____

Email address: _____

Please respond/answer the following questions (use additional paper if needed).

1. Please describe your computer related experience? What computer related programs are you familiar with?
2. What do you do in your present job to contribute toward a teamwork environment?
3. What job-related skills do you consider are your greatest strengths?

Signature _____ Date: _____