

Employment Application Form

General Information

Last Name	First Name	Initial	Social Security No.
Address			Home Telephone
City, State, Zip			Message Telephone
Position Applied For			Salary Desired
Date Available	Hours Available _____		
	<input type="checkbox"/> FULLTIME	<input type="checkbox"/> PARTIME	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT
Are you at least 18 years of age?	If under 18, do you have a work permit?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. YES NO

Education Information

School	Address	Major Studies	Degree, Diploma, License or Certificate (list type and date)
High School			
Vocation/Business/Other			
College/university			
College/university			
Graduate			
Other Special Knowledge, Skills or Qualifications (list any construction or manufacturing equipment, office skills, technical equipment or training)			
Military Service (list dates, ranks and training)			
Computer Skills			

Employment History

List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Most Recent Employer Is this your current employer? NO YES May we contact this employer for references? NO YES

Employed From- Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Job Duties and Responsibilities

Reason for Leaving

Next Most Recent Employer

Employed From- Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

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Other Information

Volunteer Activities (list organization, type of service, dates)

Hobbies, Interests (optional)

Certification and Authorization

The above information is true and correct.

I authorize the Stockton Shelter for the Homeless Board of Directors to inquire into my background, education, past employment history, and references as needed to research my qualifications for this position.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date