

CARMEL VALLEY COMMUNITY YOUTH CENTER

Employment Application



APPLICANT INFORMATION													
Last Name					First				M.I.		Date		
Street Address								Apartment/Unit #					
City					State				ZIP				
Phone					E-mail Address								
Date of Birth					Social Security No.					D.L. #			
Position Applied for								Date Available					
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							
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													
<i>Please list three professional references.</i>													
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			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SPECIAL TRAINING: LIST ALL VALID CERTIFICATIONS AND/OR TRAINING YOU HAVE	
Guard:	Exp. Date:
WSI:	Exp. Date:
Additional (water polo, etc.):	

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