



43845 10th St. West, Suite 1B, Lancaster, CA 93534
661-480-6443

Employment Application

Position Applying for: _____
Today's Date: _____
Full Name: _____
Current Address: _____
Prior Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Availability

What date can you start? _____
What category would you prefer? ___ Full-Time ___ Part-Time ___ Independent Contractor
Desired Pay: _____ Hourly _____ Salary

Shift Availability

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
To:						
From:						

Professional Licenses and Certifications

Are you licensed/ certified for the job applying for? ___ Yes ___ No
Type _____ License Number/ State _____ Expiration _____
Has your license/ Certification ever been revoked or suspended? ___ Yes ___ No
If yes, state the reason(s), date of revocation or suspension, and date of reinstatement:



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References

Include only individuals familiar with your work ability. Do not include relatives or friends.

Name	Address/ phone	Years known/ Relationship

Education

Please See Resume

Name	City/ State	Graduation Date	Degree Type
High School			
College			
Other			



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Employment History

Most Recent Employer Are you currently working for this employer? _____ Yes _____ No

If yes, may we contact? _____ Yes _____ No

Company Name: _____

Address: _____

Supervisor Name: _____

Phone: _____ Fax: _____

Dates of Employment: _____

Duties: _____

Reason for Leaving: _____

Second Most Recent Employer Are you currently working for this employer? _____ Yes _____ No

If yes, may we contact? _____ Yes _____ No

Company Name: _____

Address: _____

Supervisor Name: _____

Phone: _____ Fax: _____

Dates of Employment: _____

Duties: _____

Reason for Leaving: _____

Third Most Recent Employer Are you currently working for this employer? _____ Yes _____ No

If yes, may we contact? _____ Yes _____ No

Company Name: _____

Address: _____

Supervisor Name: _____

Phone: _____ Fax: _____

Dates of Employment: _____

Duties: _____

Reason for Leaving: _____



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Fourth Most Recent Employer

Are you currently working for this employer? _____ Yes _____ No

If yes, may we contact? _____ Yes _____ No

Company Name: _____

Address: _____

Supervisor Name: _____

Phone: _____ Fax: _____

Dates of Employment: _____

Duties: _____

Reason for Leaving: _____

Personal

Foreign Language Skills (Speak, Read, Write)? _____

Software Applications (Type)? _____

Are you a citizen of the United State? _____ Yes _____ No

If not, are you legally allowed to work in the United States? _____ Yes _____ No

If selected for employment are you willing to submit to a background check? _____ Yes _____ No

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If my application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name: _____

Signature: _____

Date: _____