

APPLICATION FOR EMPLOYMENT

Rev 5/2014

An Equal Opportunity and
Affirmative Action Employer

GENERAL INFORMATION

Name: (Last, First Middle)	E-mail:	Today's Date: mm/dd/yyyy:
Home Address: (Number & Street, City, State & Zip Code)		Telephone: ###-###-####
Business Address: (Number & Street, City, State & Zip Code)		Cellphone: ###-###-####
Are you under 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, upon employment, could you submit a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>		Legally Able to work in U.S.?:
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please explain:		

REFERENCES

Please list three (3) professional references whom we may contact at this time:			
Full Name of Reference:	Address: (Number & Street, City, State, Zip)	Telephone: ###-###-####	Business or Occupation:
1.			
2.			
3.			

EDUCATION

High School Name & Location	Year Complete	From (mm/yy)	To (mm/yy)	Degree or Diploma	Year Rec'd	Course of Study
	N/A	N/A	N/A		N/A	
Advanced Education Name & Location						
1.						
2.						
3.						

Summarize your special skills or qualifications acquired from employment or other experiences:



EXPERIENCE (Last or most pertinent three (3) positions, in reverse chronological order):

1. Dates: (mmmm d, yyyy) From: _____ To: _____		Description of Work:
Position:	Wages: Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/>	
Name & Title of Supervisor:		
Employer Name & Address:		Reason for leaving:
2. Dates: (mmmm d, yyyy) From: _____ To: _____		Description of Work:
Position:	Wages: Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/>	
Name & Title of Supervisor:		
Employer Name & Address:		Reason for leaving:
3. Dates: (mmmm d, yyyy) From: _____ To: _____		Description of Work:
Position:	Wages: Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/>	
Name & Title of Supervisor:		
Employer Name & Address:		Reason for leaving:

THE FOLLOWING SECTION MUST BE COMPLETED AND SIGNED BY THE APPLICANT BEFORE BEING CONSIDERED FOR ANY OPENING:

Position Applied For:	Salary Range:	Earliest Start Date: (mm/dd/yy)
How did you hear about this opening?		
<p>AGREEMENT</p> <p>The information provided is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this Application for Employment as may be necessary to reach an employment decision. In the event of employment, I understand that any false or misleading information given in this application or interview(s) can result in discharge. I understand that this is an at will employment company, meaning either party may terminate the employment relationship with or without a reason for doing so. I understand that, if employed, I am required to abide by all company policies, rules and regulations.</p>		
_____ Signature of Applicant		_____ Date Signed (mm/dd/yy)

Please submit completed application form by Email to kriel@ilrc-trico.org or by Fax to (805) 963-1350.

