

FILOLI CENTER

APPLICATION FOR EMPLOYMENT

Please type, print or write to complete application. Applications submitted are subject to rejection if they do not meet the qualifications called for in the job announcement. A supplemental questionnaire may be required. All statements made are subject to verification.

1. POSITION APPLIED FOR:		2. SOCIAL SECURITY NUMBER:			
3. NAME:					
4. ADDRESS:					
5. HOME PHONE:	WORK PHONE:	MESSAGE PHONE:	E-MAIL:		
6. DRIVER'S LICENSE: If position requires driver's licenses, applicants must present license and may be asked to submit a DMV driving report at time of selection interview. Driver's License No. _____ Issuing State _____		7. PEST CONTROL LICENSES: License: _____ Issuing State _____ No. _____ License: _____ Issuing State _____ No. _____			
8. Have you ever been discharged or forced to resign from employment? Yes No If yes, state details, employer(s) and reason(s):					
9. SPECIAL SKILLS: Circle only if thoroughly proficient:					
Carpentry	Plumbing	Other (please specify)			
Vehicular Maintenance	Tree Work	Irrigation			
10. COMPUTER LITERACY:					
Circle computer(s) and software you are adept at using or skilled in: PC MAC					
Windows	PageMaker	WordPerfect	Illustrator FileMaker Pro Access Other		
11. EDUCATION AND TRAINING: Please furnish transcripts					
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19					
Name and location of College, University, Business, Trade, Correspondence, or Service School(s)	Major Course of Study	Completed # of		Diploma, Certificate or Degree Rec'd, # Hrs of Train. Program or Courses Req'd by Job Ancmnt.	Date Completed
		Semester Unit	Quarter Unit		

12. CONTINUING PROFESSIONAL EDUCATION SINCE GRADUATION OR DURING EMPLOYMENT

Name and location of College, University, Business, Trade, Correspondence, or Service School(s)	Major Course of Study	Completed # of		Diploma, Certificate or Degree Rec'd, # Hrs of Train. Program or Courses Req'd by Job Ancmnt.	Date Completed
		Semester Unit	Quarter Unit		

13. LICENSES OR CERTIFICATES OBTAINED WHICH RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

14. EXPERIENCE: Start at the top with your most recent experience and work backward. Your application may be rejected if you write "See Resume."

Fr: Mo	Yr	EMPLOYER'S NAME, ADDRESS, PHONE #:	TITLE:
To: Mo	Yr		DUTIES:
HOURS/WEEK			
# PEOPLE SUPERVISED:			
MONTHLY SALARY:		NAME OF SUPERVISOR:	REASON FOR LEAVING:
		TITLE:	
		PHONE:	
Fr: Mo	Yr	EMPLOYER'S NAME, ADDRESS, PHONE #	TITLE:
To: Mo	Yr	DUTIES:	
HOURS/WEEK:			
# PEOPLE SUPERVISED:			
MONTHLY SALARY:		NAME OF SUPERVISOR:	REASON FOR LEAVING:
		TITLE:	
		PHONE:	
Fr: Mo	Yr	EMPLOYER'S NAME, ADDRESS, PHONE #	TITLE:
To: Mo	Yr	DUTIES:	
HOURS/WEEK:			
# PEOPLE SUPERVISED:			
MONTHLY SALARY:		NAME OF SUPERVISOR:	REASON FOR LEAVING:
		TITLE:	
		PHONE:	

May we contact employers listed? Yes No If not, indicate the one(s) you do not wish us to contact:

I CERTIFY that all statements are true and complete. I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with FILOLI CENTER. I understand that reference checks may be made regarding my employment and I understand that if I do not meet the announced requirements, I will be eliminated from the examination process. At time of hire, employees must meet the documentation requirements of the immigration reform and control act of 1986.

SIGNATURE _____ DATE _____