



Tel: (626)839-7488
 Fax: (626)839-7481
 837 S Lawson Street, City of Industry CA 91748

JOB APPLICATION

PERSONAL INFORMATION

LAST NAME:			FIRST NAME:		
ADDRESS:			DATE OF BIRTH: _____/_____/_____		
CITY:	STATE:	ZIP:	SOCIAL SECURITY NUMBER:		
TELEPHONE (DAYTIME):			ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES: _____ NO: _____		
TELEPHONE (EVENING):			IF YOU ARE UNDER AGE 18, DO YOU HAVE AN EMPLOYMENT/AGE CERTIFICATE? YES: _____ NO: _____		
CALIFORNIA DRIVER LICENSE NUMBER:			HAVE YOU BEEN CONVICTED OF OR PLEADED NO CONTEST TO A FELONY WITHIN THE LAST FIVE YEARS? YES: _____ NO: _____		
HOW LONG HAVE YOU HAD YOUR LICENSE MONTHS: _____ YEARS: _____			IF YES, PLEASE EXPLAIN		

POSITION/AVAILABILITY

POSITION APPLIED FOR:	WHAT DATE ARE YOU AVAILABLE TO START WORK?
-----------------------	--

DAYS/HOURS AVAILABLE

SUN	MON	TUES	WED	THURS	FRI	SAT
AM:	AM:	AM:	AM:	AM:	AM:	AM:
PM:	PM:	PM:	PM:	PM:	PM:	PM:

EDUCATION

NAME OF SCHOOL	ADDRESS	MAJOR DEGREE/DIPLOMA	GRADUATION DATE

SKILLS AND QUALIFICATION

LICENSES	SKILLS	TRAINING	AWARDS

