

Custom Paints

916-849-2757

APPLICATION FOR EMPLOYMENT

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

PHONE NO. () _____ SOCIAL SECURITY NO _____

DATE OF APPLICATION _____ POSITION DESIRED _____

DATE YOU CAN START _____ HOURLY RATE DESIRED\$ _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
TECHNICAL TRADE OR OTHER SCHOOL				
COLLEGE/ UNIVERSITY				
GRADUATE/ PROFESSIONAL				

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE WHICH WOULD QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING.

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ? _____ WRITE? _____

EMPLOYMENT EXPERIENCE

LIST EACH JOB HELD. START WITH YOUR PRESENT JOB.

CURRENT/PREVIOUS EMPLOYER				CONTACT NAME:	
STREET ADDRESS		CITY	STATE	ZIP	PHONE ()
POSITIONS HELD	START DATE	END DATE	HOURLY RATE STARTING	HOURLY RATE ENDING	FINAL ANNUAL INCOME
1)					
2)					
3)					
WORK PERFORMED					
REASON FOR LEAVING					

PREVIOUS EMPLOYER				CONTACT NAME:	
STREET ADDRESS		CITY	STATE	ZIP	PHONE ()
POSITIONS HELD	START DATE	END DATE	HOURLY RATE STARTING	HOURLY RATE ENDING	FINAL ANNUAL INCOME
1)					
2)					
3)					
WORK PERFORMED					
REASON FOR LEAVING					

REFERENCES

BELOW, GIVE THE NAMES OF 3 PEOPLE YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

Personal Information

If hired, do you have reliable transportation to and from work?

Yes _____ No _____