

CAREER VISIONS

EMPLOYMENT APPLICATION FOR STUDENT WORKERS

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, sex, color, religion, National origin, disability, or other protected classification.

Personal Information

Name (Last, First, Middle)				
Street Address			Social Security Number	
City	State	Zip	Home Phone	
Are you under the age of 18?	Yes	No	How were you referred?	
If yes, state your age			Newspaper	Friend
			Referral	
If hired, can you furnish proof of identity and authorization to work in the United States?			Other _____	
			Yes	No
Have you ever worked for William S Hart UHSD?		Yes	No	
If yes, when?				
Position: _____		Can you work:		
Choice #2 _____	Anytime	Days	Evenings	Weekends
Choice #3 _____	Are there any times or days that you cannot work? _____			
Have you been convicted of a crime (other than a minor traffic violation)?		Yes	No	
(If yes, explain number of convictions, nature of offense(s) was/were committed, sentence(s) for each conviction, and type of rehabilitation for each conviction.)				
A conviction record is not an automatic bar to employment				

Education

Type of School	Name of School	Location of School	Area of Study	Years Completed	Graduated?	Degree Received
High School				1 2 3 4	Yes / No	
College				1 2 3 4	Yes / No	
Graduate				1 2 3 4	Yes / No	
Other				1 2 3 4	Yes / No	

Employment History (Beginning with the most recent)

Name of Present or Last Employer		Job Title/Responsibilities	From (Mo. & Yr.)	To (Mo. & Yr.)
Address		Reason for leaving:	Supvr. Name	
City, State, Zip		Resigned / Discharged / Laid Off	Starting Salary \$	
Phone Number ()		Explain:	Last Salary \$	
Name of Previous Employer		Job Title/Responsibilities	From (Mo. & Yr.)	To (Mo. & Yr.)
Address		Reason for leaving:	Supvr. Name	
City, State, Zip		Resigned / Discharged / Laid Off	Starting Salary \$	
Phone Number ()		Explain:	Last Salary \$	
Name of Previous Employer		Job Title/Responsibilities	From (Mo. & Yr.)	To (Mo. & Yr.)
Address		Reason for leaving:	Supvr. Name	
City, State, Zip		Resigned / Discharged / Laid Off	Starting Salary \$	
Phone Number ()		Explain:	Last Salary \$	

References

List names of three persons (other than relatives) we may contact who have knowledge of your job related abilities, i.e., Supervisor, Manager or Co-worker.

Name	Telephone Contact	Address / City / State	Occupation

General Information

Why would you like to work here? _____

Please list any special skills and or abilities: _____

Please briefly describe what hobbies you enjoy during your free time. _____

I certify that all my answers in the Employment Application are true and complete to the best of my knowledge.

Date _____

Applicant's Signature _____

Please note the following:

- 1) Completed Employment Application must be accompanied by a Career Visions Work Referral.**
- 2) All program paperwork should be submitted to your school's Career Transition Advisor.**

Please contact the Career Visions Office at (661) 259-0033 X 525 if you have questions.