

Your Employment Fact Sheet- A Marin Employment Connection Job Search Tool

GENERAL INFORMATION: You can type in information and print from computer, or print a blank form and complete by hand. If printing by hand please use blue or black ink.

Last Name: First Name:

Address: Home Phone: Cell Phone:

City, State, Zip: Email:

Age, if under 18: If hired, are you able to furnish documentation verifying your identity and authorization to work in the United States? Yes No

Type of work or position you are seeking? Date Available for work

Availability to work - check boxes: Full Time Regular Part-Time Temporary Weekends On Call

Salary desired: Shift Hours Preferred:

How did you learn about this job opening?

Do you have a valid California Driver's License? Yes No License #:

Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes No Explain:

Have you ever been discharged or resigned in lieu of being discharged? Yes No Explain:

Have you ever been employed by this company? Yes No When?

Do you have any relatives employed by this company? Yes No Relationship:

If hired, are you willing to take a physical? Yes No Explain:

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Conviction is not an automatic bar to employment. Each case is reviewed on the basis of job relatedness.

MILITARY

Branch: Dates of Service:

Rank at Discharge: Type of Discharge: Decorations Received:

Special duties or training:

LANGUAGE ABILITIES

Please list languages below (other than English) and rank your abilities in each as follows: 1=Basic 2=Moderate 3=High

Speaking Reading Writing

Speaking Reading Writing

Speaking Reading Writing

EDUCATION AND TRAINING

Do you possess a high school diploma or equivalent? Yes No

School Name & location:

College/University: Location: Dates: Degrees: Major:

Graduate School: Location: Dates: Degrees: Major:

Other: Location: Dates: Degrees: Major:

Are you planning further education? Yes No Explain:

List any special training you feel helps qualify you for this position:

List currently valid certificates of professional or vocational competence, licenses and expirations dates below:

License Title & ID #:

Issuing Agency

Date Issued:

Date Expires:

License Title & ID #:

Issuing Agency

Date Issued:

Date Expires:

Typing Skills WPM Bookkeeping Multi-line Phone System Calculator

Computer Experience: Yes No

PC or MAC?

Software Applications:

What machines do you operate?

OTHER INFORMATION

Please use the space below to describe any additional information including additional training, memberships in professional organizations, certificates/licenses and/or special skills which you possess that you consider relevant to the position for which you are applying.

May we contact your current employer?

Yes No

PAID WORK EXPERIENCE: (list most recent first, please cover the last ten years.)

Name of Organization: Address, City, State

Position Title: From (Month/Year): To (Month/Year):

Supervisor Name/Title: Hourly/Monthly Salary: # of Hours per week:

Supervisor Phone No.: Number of people you supervised: Reason for Leaving:

Description of your duties:

Name of Organization: Address, City, State

Position Title: From (Month/Year): To (Month/Year):

Supervisor Name/Title: Hourly/Monthly Salary: # of Hours per week:

Supervisor Phone No.: Number of people you supervised: Reason for Leaving:

Description of your duties:

Name of Organization: Address, City, State

Position Title: From (Month/Year): To (Month/Year):

Supervisor Name/Title: Hourly/Monthly Salary: # of Hours per week:

Supervisor Phone No.: Number of people you supervised: Reason for Leaving:

Description of your duties:

Name of Organization: Address, City, State

Position Title: From (Month/Year): To (Month/Year):

Supervisor Name/Title: Hourly/Monthly Salary: # of Hours per week:

Supervisor Phone No.: Number of people you supervised: Reason for Leaving:

Description of your duties:

VOLUNTEER WORK EXPERIENCE:

Name of Organization: Address, City, State

Position Title: From (Month/Year): To (Month/Year):

Supervisor Name/Title: # of Hours per week:

Supervisor Phone No.: Number of people you supervised: Reason for Leaving:

Description of your duties:

Name of Organization: Address, City, State

Position Title: From (Month/Year): To (Month/Year):

Supervisor Name/Title: # of Hours per week:

Supervisor Phone No.: Number of people you supervised: Reason for Leaving:

Description of duties:

APPLICANT CERTIFICATION:

I hereby certify that the statements in this application are true. I request, authorize and consent to investigation by the Company of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for may result in immediate removal of my application from consideration or immediate discharge from employment arising from this application.

I request and authorize the Company to secure information related to this application and my experience, certification and/or licensure from former employers, personal and professional references, educational institutions, sources of certification or licensing and governmental/judicial agencies. I specifically request, authorize and consent to the Company's thorough investigation of whether I have a record of criminal conviction, and if so, the nature of such criminal conviction and all surrounding circumstances available through lawful means, including providing my fingerprints to the Company to facilitate this investigation. The Company has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment. I request, authorize and consent to the foregoing parties to provide the requested information to the Company and release them and the Company from any liability arising there from.

I understand that any offer of employment is considered tentative until satisfactorily passing a physical examination prior to the time of actual employment. I am aware that the Company may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment, assignment, and/or promotion. I acknowledge that the term public records as used herein are limited to records of arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

Applicant Signature:

Print Name:

Date: