



**CHIPS Office – Blue Mountain Community
Service Center
291 Main Street, Suite A
West Point, CA 95255
(209) 293-2333 Phone – (209) 293-2306 FAX**

APPLICATION FOR EMPLOYMENT
(An Equal Opportunity Employer/ADA)

PLEASE TYPE OR PRINT IN BLACK INK
POSITION APPLYING FOR: _____

1. NAME _____			7. Have you ever been convicted of any violation of the law? Exclude traffic violations under \$50.00. A conviction record is not necessarily a bar to employment. Each case will be given individual consideration, based on job-relatedness. YES <input type="checkbox"/> NO <input type="checkbox"/> 8. List any previous names under which you have worked, gone to school or served in the Armed Forces: _____ _____ 9. If you are NOT a U.S. citizen, have you the legal right to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
LAST	FIRST	MIDDLE	
2. RESIDENCE ADDRESS _____			
NUMBER	STREET	CITY, ZIP	
3. MAILING ADDRESS _____			
NO./P.O. BOX	STREET	CITY, ZIP	
4. HOME PHONE _____		5. WORK PHONE _____	
6. SOCIAL SECURITY NUMBER _____			

EDUCATION & TRAINING

10. High School: _____		11. Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		12. If not, have you a GED or California High School Proficiency Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Location: _____					
13. Names of Colleges/Universities Attended:		Dates Attended	Course of Study/Major	Certificate/Degree	
14. Other Relevant Courses and Training:					
15. Professional License or Certificate, if Required:		Serial Number	Date Issued	Expiration Date	
16. Driver's License Number & State:		17. Skills, if required for this position: Typing Speed: _____ WPM			
18. List any Foreign Language in which you are fluent:			19. Other Skills:		

Auxiliary aids and services are available upon request to individuals with disabilities

THIS SECTION MUST BE FILLED OUT:

EMPLOYMENT HISTORY: List your work record for the past 10 years, beginning with your most recent experience. Include volunteer and U.S. Military Service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet prepared in the same form and attach securely.

TO: MO./YR.	MO./YR.	EMPLOYER (BUSINESS OR AGENCY NAME):	TITLE OF POSITION:	NO. EMPLOYEES SUPERVISED BY YOU:
HOURS PER WK:	ADDRESS	CITY	STATE	NAME OF SUPERVISOR:
Duties:				
SALARY \$		REASON FOR LEAVING:		
TO: MO./YR.	MO./YR.	EMPLOYER (BUSINESS OR AGENCY NAME):	TITLE OF POSITION:	NO. EMPLOYEES SUPERVISED BY YOU:
HOURS PER WK:	ADDRESS	CITY	STATE	NAME OF SUPERVISOR:
Duties:				
SALARY \$		REASON FOR LEAVING:		
TO: MO./YR.	MO./YR.	EMPLOYER (BUSINESS OR AGENCY NAME):	TITLE OF POSITION:	NO. EMPLOYEES SUPERVISED BY YOU:
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SALARY \$		REASON FOR LEAVING:		

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HOURS PER WK:	ADDRESS	CITY	STATE	NAME OF SUPERVISOR:
SUPERVISOR'S PHONE NO.:				
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SUPERVISOR'S PHONE NO.:				
Duties:				
SALARY \$ REASON FOR LEAVING:				
Were you ever discharged or forced to resign from any position? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If Yes, explain:				
Have you read the job description? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you able to perform the essential functions of the job with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Inquiry may be made of your former employers or the last school you attended regarding your performance record.				
May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Give name and address of a person who would know your address at any time (local, if possible).			CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true, and I agree and understand that misstatements or omissions of material facts herein may forfeit my rights to employment.	
Name _____ Phone _____			✕ _____ Date _____	
Address _____ City, Zip _____				

All items must be completed in detail as applicable for purposes of review. Keep in mind your acceptance depends on the completeness and applicability of the INFORMATION THAT YOU PROVIDE. Unless the spaces are completed in accordance with the instructions, THIS APPLICATION WILL BE REJECTED. Resumes may be attached, but will not be accepted in lieu of a completed application.
Revised 10/2011