



**CHIPS Office – Blue Mountain Community
 Service Center
 291 Main Street, Suite B
 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	_____		
	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?	12. If not, have you a GED or California High School Proficiency Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Location: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
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:				
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