



DISABLED AMERICAN VETERANS – DEPARTMENT OF CALIFORNIA APPLICATION FOR EMPLOYMENT

**P
E
R
S
O
N
A
L**

LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			HOME PHONE
CITY, STATE, ZIP			CELL PHONE
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? YES NO			LAST FOUR OF SOCIAL SECURITY NO.
IF YES: MONTH AND YEAR _____ LOCATION _____			
POSITION DESIRED Transportation Coordinator Support Staff Finance Administrator Department Service Officer Communications Specialist Event Coordinator			EMAIL
ARE YOU AVAILABLE FOR FULL-TIME WORK? YES NO			WHEN WILL YOU BE ABLE TO BEGIN WORK?
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO			PAY EXPECTED
OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC)			
HOW DID YOU LEARN OF OUR ORGANIZATION?			ARE YOU A MEMBER ? <input type="checkbox"/> YES <input type="checkbox"/> NO

**E
D
U
C
A
T
I
O
N**

SCHOOL	NAME AND LOCATION OF SCHOOL	FOCUS	DID YOU GRADUATE ?	YEAR
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST ANY MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS:

LIST ALL OFFICE SKILLS, QUALIFICATIONS, CERTIFICATIONS, ETC

EMPLOYMENT

(Start with your present or most recent employer last 7 years)

(1) COMPANY NAME	TELEPHONE
ADDRESS	DATES (FROM) (TO)
NAME OF SUPERVISOR	PAY Hourly Weekly Monthly Annually
JOB TITLE AND DESCRIPTION OF WORK	START _____ LAST _____
	REASON FOR LEAVING
(2) COMPANY NAME	TELEPHONE
ADDRESS	DATES (FROM) (TO)
NAME OF SUPERVISOR	PAY Hourly Weekly Monthly Annually
JOB TITLE AND DESCRIPTION OF WORK	START _____ LAST _____
	REASON FOR LEAVING
(3) COMPANY NAME	TELEPHONE
ADDRESS	DATES (FROM) (TO)
NAME OF SUPERVISOR	PAY Hourly Weekly Monthly Annually
JOB TITLE AND DESCRIPTION OF WORK	START _____ LAST _____
	REASON FOR LEAVING
(4) COMPANY NAME	TELEPHONE
ADDRESS	DATES (FROM) (TO)
NAME OF SUPERVISOR	PAY Hourly Weekly Monthly Annually
JOB TITLE AND DESCRIPTION OF WORK	START _____ LAST _____
	REASON FOR LEAVING
(5) COMPANY NAME	TELEPHONE
ADDRESS	DATES (FROM) (TO)
NAME OF SUPERVISOR	PAY Hourly Weekly Monthly Annually
JOB TITLE AND DESCRIPTION OF WORK	START _____ LAST _____
	REASON FOR LEAVING

May we contact the employers listed above?

YES

NO

**M
I
L
I
T
A
R
Y**

COMPLETE THIS SECTION IF YOU HAVE SERVED IN THE U.S.ARMED FORCES

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING

BRANCH OF SERVICE

DATES SERVED

FROM TO

RANK AT DISCHARGE

DATE OF DISCHARGE

ARE YOU SERVICE CONNECTED?

YES NO

**R
E
F
E
R
E
N
C
E
S**

LIST THREE REFERENCNS (NO RELATIVES; NO PREVIOUS EMPLOYERS)

NAME

HOW LONG HAVE YOU KNOWN THEM?

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE

NAME

HOW LONG HAVE YOU KNOWN THEM?

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE

NAME

HOW LONG HAVE YOU KNOWN THEM?

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

DATE

SIGNATURE

EMPLOYER USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	NOTES

INTERVIEWER NAME AND COMMENTS

I N T E R V I E W R E S U L T S	
--	--