



# DISABLED AMERICAN VETERANS – DEPARTMENT OF CALIFORNIA APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

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LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			HOME PHONE ( ) -
CITY, STATE, ZIP			BUSINESS PHONE ( ) -
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: MONTH AND YEAR _____ LOCATION _____			LAST FOUR OF SOCIAL SECURITY NO.
POSITION DESIRED			PAY EXPECTED
ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHEN WILL YOU BE ABLE TO BEGIN WORK?
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?			
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

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SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO.OF YEARS COMPLETED	DID YOU GRADUATE ?	DEGREE OR DIPLOMA
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	

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**  
(Exclude those, which may disclose your race, color, religion or natural origin)

# EMPLOYMENT (LAST 7 YEARS)

(1) COMPANY NAME

ADDRESS

NAME OF SUPERVISOR

STATE JOB TITLE AND DESCRIBE YOUR WORK

(2) COMPANY NAME

ADDRESS

NAME OF SUPERVISOR

STATE JOB TITLE AND DESCRIBE YOUR WORK

(3) COMPANY NAME

ADDRESS

NAME OF SUPERVISOR

STATE JOB TITLE AND DESCRIBE YOUR WORK

(4) COMPANY NAME

ADDRESS

NAME OF SUPERVISOR

STATE JOB TITLE AND DESCRIBE YOUR WORK

(5) COMPANY NAME

ADDRESS

NAME OF SUPERVISOR

STATE JOB TITLE AND DESCRIBE YOUR WORK

employment record. Start with present or most recent employer.

TELEPHONE

EMPLOYED (STATE MONTH AND YEAR)  
(FROM) (TO)

WEEKLY PAY

START LAST

REASON FOR LEAVING

TELEPHONE

EMPLOYED (STATE MONTH AND YEAR)  
(FROM) (TO)

WEEKLY PAY

START LAST

REASON FOR LEAVING

TELEPHONE

EMPLOYED (STATE MONTH AND YEAR)  
(FROM) (TO)

WEEKLY PAY

START LAST

REASON FOR LEAVING

TELEPHONE

EMPLOYED (STATE MONTH AND YEAR)  
(FROM) (TO)

WEEKLY PAY

START LAST

REASON FOR LEAVING

TELEPHONE

EMPLOYED (STATE MONTH AND YEAR)  
(FROM) (TO)

WEEKLY PAY

START LAST

REASON FOR LEAVING

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

EMPLOYER NUMBERS (Circle) 1 2 3 4 5 6 7

REASON \_\_\_\_\_

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**COMPLETE THIS SECTION IF YOU SERVED IN THE U.S.ARMED SERVICES**

**BRANCH OF SERVICE**

**DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING**

**PERIOD OF ACTIVE DUTY (MONTH & YEAR)**  
FROM \_\_\_\_\_ TO \_\_\_\_\_

**RANK AT DISCHARGE**

**DATE OF FINAL DISCHARGE**

**DO YOU HAVE A SERVICE CONNECTED DISABILITY ?**

**HAVE YOU EVER BEEN BONDED ?**

YES  NO - IF YES, WITH WHAT EMPLOYER ?

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**GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCs WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.**

**NAME** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**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**

<b>R E F E R E N C E  C H E C K</b>	<b>FOR EMPLOYERS USE ONLY</b>		
	<b>EMPLOYER</b>	<b>PERSON CONTACTED</b>	<b>RESULTS</b>
<b>T E S T  R E S U L T S</b>	<b>TESTS ADMINISTERED</b>	<b>RAW SCORE</b>	<b>ANALYSIS AND COMMENTS</b>
<b>I N T E R V I E W R E S U L T S</b>	<b>INTERVIEWER NAME AND COMMENTS</b>		