Saddleback GC Employment Application

Personal Information:

Name:		Date:					
Address:			City:			Zip:	
Phone #:		Email:					
osition applying for:		Salary Desired:		d:	Date you can start:		
are you currently employed?		yes no		I	If so, may we contact them?		
Do you know anyo	ne that works h	ere? I	f yes,	, who?			
Day		Availability (circle one)					
						1 122 2 2 7 7 2 2 2 2 2 7	
·	Monday:Tuesday:		none		artial		
Wednesday:					artial		
• Thursday:					artial		
	• Saturday:						
<u>-</u>	• Sunday:						
Education:	Name of School			Years attended	Did you graduate	Subjects studied	
High School							
Post-Secondary							
Any other trainin		S:					
Name of Employer		Month and year	Pos	ition	Salary	Reason for leaving	
		From:					
		То:					
		From:					
		т					
		To:					
		From:					