Saddleback GC Employment Application

Personal Information:

				Date:				
Address:Phone #:					City:	Zip:		
			Email:					
Position applying for:			Salary Desired:			Date you can start:		
Are you currently employed?			yes no			If so, may we contact them?		
-	-		•			-		
JO you i		ne that works here						
	<u>Day</u>		<u>Availa</u>	ability (d	circle one	<u>e)</u>	(if partial, give hours)	
• [Monday:		open	none	<u>F</u>	partial		
•]	Wednesday:Thursday:Friday:Saturday:		open none open none		ŗ	artial		
• 7					ŗ	partial		
•]					partial			
• <u>[</u>								
• 5								
• 5			open	oen none partial		partial		
Educat	tion:	N (6.1.1.			Years	Did you		
		Name of School			attended	graduate	Subjects studied	
High So								
Post-Se	econdary							
Any ot	her training	g or special skills:						
orme	r Employi	ment:						
Name of Employer		Month and year		Position		Reason for leaving		
			From:					
			To:					
			From:					
			То:					
			From:					
			To:					