



Calaveras Healthy Impact Product Solutions

APPLICATION FOR EMPLOYMENT

**P.O. Box 616
West Point, CA 95255
(209) 293-2333 Phone – (209) 293-2306 FAX**

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: Location: _____	11. Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	12. If not, have you a GED or California High School Proficiency Certificate? 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:	AD	RESS	CITY	STATE
		NAME OF SUPERVISOR:		SUPERVISOR'S PHONE NO.:
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:	AD	RESS	CITY	STATE
		NAME OF SUPERVISOR:		SUPERVISOR'S PHONE NO.:
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				SUPERVISOR'S PHONE NO.:

Duties:

SALARY \$	REASON FOR LEAVING:
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Duties:

SALARY \$	REASON FOR LEAVING:
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HOURS PER WK:	ADDRESS	CITY	STATE	NAME OF SUPERVISOR:
				SUPERVISOR'S PHONE NO.:

Duties:

SALARY \$	REASON FOR LEAVING:
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Were you ever discharged or forced to resign from any position? YES NO
If Yes, explain:

Have you read the job description? YES NO

Are you able to perform the essential functions of the job with or without reasonable YES NO accommodation?

Inquiry may be made of your former employers or the last school you attended regarding your performance record.
May we contact your present employer? YES NO

<p>Give name and address of a person who would know your address at any time (local, if possible).</p> <p>_____</p> <p>Name Phone</p> <p>_____</p> <p>Address City, Zip</p> <p>_____</p>	<p>CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true, and I agree and understand that misstatements or omissions of material facts herein may forfeit my rights to employment.</p> <p style="text-align: center;">✕</p> <p style="text-align: right;">Date</p> <p>_____</p>
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All items must be completed in detail as applicable for purposes of review. Keep in mind your acceptance depends on the completeness and applicability of the INFORMATION THAT YOU PROVIDE. Unless the spaces are completed in accordance with the instructions, THIS APPLICATION WILL BE REJECTED. Resumes may be attached, but will not be accepted in lieu of a completed application. Revised 02/09/2023