

**APPLICATION FOR EMPLOYMENT**  
**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-3.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long at present address \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for..... (1) \_\_\_\_\_  
 and salary desired..... (2) \_\_\_\_\_  
 (Be specific)

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR OR DEGREE |
|----------------------|----------------|----------|---------------------------|-----------------|
| High School          |                |          |                           |                 |
| College              |                |          |                           |                 |
| Bus. Or Trade School |                |          |                           |                 |
| Professional School  |                |          |                           |                 |

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A VALID CALIFORNIA DRIVERS LICENSE  Yes  No

What is your means for transportation to work? \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of issue \_\_\_\_\_ License class \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No If yes how many? \_\_\_\_\_

Have you had any moving violations in the past three years?  Yes  no If yes how many? \_\_\_\_\_

Have you ever been in the armed forces?  Yes  No

Are you now a member of the National Guard or Reserves?  Yes  No

## **APPLICATION FOR EMPLOYMENT**

Please list your work experience for the past five years beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

|                                                                                                                                                                                      |                                            |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|
| Name of employer _____<br>Address _____<br>City, State, Zip Code _____                                                                                                               | Employment dates<br>From _____<br>To _____ | Pay or salary<br>Start _____<br>Final _____ |
| <b>Reason for leaving (be specific)</b><br>List the jobs you held, job title, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                                            |                                             |

|                                                                                                                                                                                      |                                            |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|
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|                                                                                                                                                                                      |                                            |                                             |
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|                                                                                                                                                                                      |                                            |                                             |
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## **APPLICATION FOR EMPLOYMENT**

Is English your primary language? \_\_\_ Yes \_\_\_ No

Do you speak a secondary language? \_\_\_ Yes \_\_\_ No If yes what language. \_\_\_\_\_

If necessary would you be available to travel for work related projects? \_\_\_ Yes \_\_\_ No

Are you able to lift up to 50 pounds of weight? \_\_\_ Yes \_\_\_ No

Are you currently on disability? \_\_\_ Yes \_\_\_ No

Are you a US citizen? \_\_\_ Yes \_\_\_ No If not are you a legal resident of the US? \_\_\_ Yes \_\_\_ No

List two personal references

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In signing this application I state that all information is accurate and true. I understand that ASPT may contact my previous employers to verify information contained in the application. I also understand that if employed by ASPT I will supply the required identification needed by State and Federal requirements and a DMV report if requested.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_