

Greenacre Homes & School Application

Name:			Date:
<i>Last</i>	<i>First</i>	<i>MI</i>	
Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Email:			
Phone Number:		2nd Phone Number (i.e. cellular, pager):	

Greenacre Homes considers applicants for all positions without regard to age, citizenship or immigration status, color, creed, disability, genetic characteristic or information, gender, gender identity or expression, marital status, military or veteran status, national origin, race, religion, or any other legally protected status.

PLEASE FILL IN ALL ANSWERS COMPLETELY

A. PERSONAL

1. Are you of 21 years of age or older?

2. Were you referred by a Greenacre Homes employee? How did you hear about us?

3. Have you every been employed under a different name?

4. What was the date of your last Physical Examination and TB Test?

B. POSITION

5. What is the position you are applying for?

6. Do you have a salary requirement? (hourly, monthly, annually)

7. Do you have any limitations to the days or hours you can work? (full-time or part-time)

8. How soon would you be able to start working for Greenacre Homes?

C. PREVIOUS EMPLOYMENT AND REFERENCES

(LIST MOST RECENT EXPERIENCE FIRST. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PAGE.)

NOTE: AT LEAST TWO EMPLOYMENT REFERENCES ARE NEEDED

COMPANY NAME AND TYPE OF BUSINESS:
ADDRESS:
PHONE NUMBER:
DATES OF EMPLOYMENT:
SUPERVISOR'S NAME:
YOUR JOB TITLE:
RESPONSIBILITIES:
REASON(S) FOR LEAVING:

C. PREVIOUS EMPLOYMENT AND REFERENCES CONT.

COMPANY NAME AND TYPE OF BUSINESS:
ADDRESS:
PHONE NUMBER:
DATES OF EMPLOYMENT:
SUPERVISOR'S NAME:
YOUR JOB TITLE:
RESPONSIBILITIES:
REASON(S) FOR LEAVING:

COMPANY NAME AND TYPE OF BUSINESS:
ADDRESS:
PHONE NUMBER:
DATES OF EMPLOYMENT:
SUPERVISOR'S NAME:
YOUR JOB TITLE:
RESPONSIBILITIES:
REASON(S) FOR LEAVING:

D. EDUCATION AND TRAINING

NAME & LOCATION OF SCHOOL	MAJOR	# OF YEARS COMPLETED	# OF UNITS COMPLETED	GED, DIPLOMA DEGREE OR CERTIFICATE	DATE COMPLETED
<u>High School:</u>					
<u>College:</u>					
<u>College:</u>					
<u>College:</u>					
<u>Vocational School:</u>					
<u>Other School:</u>					

D. EDUCATION CONT.

10. Describe how your college experiences relate to the job for which you are applying for. Include any extracurricular activities or interests you feel should be considered as a part of your application.

E. PROFESSIONAL AND TECHNICAL QUALIFICATIONS

LIST LICENSES OR CERTIFICATES OF COMPETENCE HELD:
NAME OF PROFESSIONAL ASSOCIATIONS OF WHICH YOU ARE A MEMBER:

11. Describe how your training experiences or associations memberships relate to the position you are applying for. Include any extracurricular activities or interests you feel should be considered as a part of your application.

F. OTHER INFORMATION

12. Do you possess a valid California Driver's License? _____ Yes _____ No

APPLICANT'S CERTIFICATION

I certify that to the best of my knowledge the above statements, made willingly by me are correct. It is agreed that any false statements made as part of this application will result in termination of my employment

SIGNATURE OF EMPLOYEE	DATE
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