CASTROVILLE CEMETERY DISTRICT

P O Box 722, Castroville, CA 95012 8442 Moss Landing Rd. Moss Landing, CA 95039

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFOR	RMATION					
				DATE		
NAME				SOCIAL SECURITY NO		
LAST	FIRST	MIDDLE		0200111110	•	
CUDDENT ADDDESS						
CURRENT ADDRESS	STREET	CITY	STATE		ZIP	
PERMANENT ADDRES						
	STREET	CITY	STATE		ZIP	
PHONE NO.		ARE YOU 18	YEARS OR OLD	ER? YES	NO	
ARE YOU PREVENTED	FROM LAWFULLY F	BECAMING EMPL	.OYED			
IN THIS COUNTRY BEC	CAUSE OF VISA OR I	MMIGRATION ST	TATUS?	YES	NO	
EMPLOYMENT DES	IRED					
			AVAILABLE		DESIRED	
POSITION			START DAT	E	SALARY	
			IF SO MAY V	WE INQUIRE O	F	
ARE YOU CURRENT	LY EMPLOYED?			YOUR PRESENT EMPLOYER?		
HAVE YOU APPLIED TO THIS COMPANY BEFORE?				IF SO WHEN?		
REFERRED BY (IF APPLICABLE)						
	NAME AND LOCATIO	N	NO. OF YEAR	SDID YOU		
EDUCATION	OF SCHOOL		ATTENDED	GRADUATE?	SUBJECTS STUDIED	
GRAMMAR SCHOOL						
HIGH SCHOOL						
COLLEGE						
TRADE, BUSINESS OR						
CORRESPONDANCE						
SCHOOLS						
GENERAL						
SUBJECTS OF SPECIAL	STUDY OR RESEAR	CH WORK				
SPECIAL SKILLS						

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

(EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATER THE RACE, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.)

VETERAN OF			
U.	S.	MILITARY?	

CUTTENT MEMBER OF NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT).					
DATE				CAN WE	REASON
MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	CONTACT	FOR LEAVING
FROM					
то					
FROM					
то					
FROM					
то					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOBS?

REFERENCES: GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state) IT IS UNLAWFUL IN THE STATE OF CALIFORNIA TO REQUIER OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJET TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF EMERGENCY NOTIFY

	NAME	ADDRESS	PHONE NO.
I CERTIFY THAT ALL THE INFO	DRMATION SUBMITTED BY ME ON	THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERST	AND THAT IF
ANY FALSE INFORMATION, O	MISSIONS, OR MISREPRESENTATIO	ONS ARE DISCOVERED, AT ANY TIME, MY APPLICATION MAY	BE REJECTED AND
IF I AM EMPLOYED MY EMPLO	OYMENT MAY BE TERMINATED AT	ANY TIME.	
IN CONSIDERATION OF MY EN	IPLOYMENT, I AGREE TO CONFOR	M TO THE COMPANY'S RULES AND REGULATIONS AND I AGR	EE THAT MY
EMPLOYMENT AND COMPENS	ATION CAN BE TERMINATED WITH	H OR WITHOUT CAUSE AND WITH OR WITHOUR NOTICE AT A	NY TIME AT EITHER
MY OR THE COMPANY'S DISCI	RETION. I ALSO UNDERSTAND ANI	O AGREE THAT THE TERMS AND CONDITIONS OF MY EMPOLY	MENT MAY BE CHANGED
WITH OR WITHOUT CAUSE AN	D WITH OR WITHOUT NOTICE AT A	ANY TIME BY THE COMPANY. I UNDERSTAND THAT SIGNING	OF THIS FORM THAT'S
NOT GUARANTEE FOR EMPLO	YMENT FOR ANY SPECIFIC PERIOD	O OF TIME OR MAKE ANY AGREEMENT CONTRARY TO THE FO	DREGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

REMARKS:

DATE

NEATNESS		
HIRED : YES	NO	POSITION
SALARY/WAGE		START DATE