

Employment Application

An Equal Opportunity Employer

Please Print

Personal Information

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

(____) ____ - ____ (____) ____ - ____
Cell Phone Home Phone

Employment Desired

Position(s) applying for: _____

Date Available for Work _____

Availability Part Time Full Time
(Check All that apply) Day Swing Grave
 Weekends Holidays Overtime

How did you hear about Special Dispatch of California? _____

Have you ever applied to or worked for Special Dispatch of California before?

Yes No

If yes, when? _____

Do you have any friends or relatives working for Special Dispatch of California ?

Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Special Dispatch of California?

What are your salary requirements? _____

What date are you available to start? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. (____) ____ - ____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. (____) ____ - ____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No. (____) ____ - ____

Address & Street _____ City _____ State _____ Zip _____

Occupation _____ No. of Years Acquainted _____

First Name _____ Last Name _____ Telephone No. (____) ____ - ____

Address & Street _____ City _____ State _____ Zip _____

Occupation _____ No. of Years Acquainted _____

