

Asian American Cultural Center

Employment Application

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____
First Name Middle Initial Last Name

ADDRESS: _____
Street City State Zip

HOME PHONE: (___) ___ - ___ CELL. / PAGER: _____ E-mail Address: _____

DATE OF BIRTH : ___ / ___ / _____ (Optional) (MM/DD/YYYY)

EMPLOYMENT DESIRED & AVAILABILITY

POSITION DESIRED: _____ SALARY / WAGE DESIRED: _____ per hr./per yr.

TOTAL HOURS AVAILABLE PER WEEK: _____ Hours WILLING TO WORK WEEDENDS AND HOLIDAYS: Yes / No

WILLING TO WORK SHIFT- HOURS: Yes / No DATE AVAILABLE: _____

EDUCATION

HIGH SCHOOL: _____
Name & Location Year Graduated

COLLEGE: _____
Name & Location 1 2 3 4
Circle Last Year Completed

Major Subject(s) Studied Year Graduated Degree Received

OTHER SUBJECTS OF SPECIAL STUDIES / RESEARCH, AND DIPLOMA / CERTIFICATE RECEIVED : _____

FORMER EMPLOYERS

- 1. COMPANY: _____ PHONE: (____) ____ - _____
ADDRESS: _____
DATES WORKED: From _____ To _____ LAST POSITION HELD: _____
REASON FOR LEAVING: _____
SUPERVISOR'S NAME: _____ LAST SALARY / WAGE: _____

- 2. COMPANY: _____ PHONE: (____) ____ - _____
ADDRESS: _____
DATES WORKED: From _____ To _____ LAST POSITION HELD: _____
REASON FOR LEAVING: _____
SUPERVISOR'S NAME: _____ LAST SALARY / WAGE: _____

- 3. COMPANY: _____ PHONE: (____) ____ - _____
ADDRESS: _____
DATES WORKED: From _____ To _____ LAST POSITION HELD: _____
REASON FOR LEAVING: _____
SUPERVISOR'S NAME: _____ LAST SALARY / WAGE: _____

PERSONAL REFERENCES (NOT RELATED)

- 1. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: (____) ____ - _____

- 2. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: (____) ____ - _____

- 3. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: (____) ____ - _____

GENERAL

1. ANY RELAVANT EXPERIENCE OR TRAINING OTHER THAN WORK EXPERIENCE?

2. ACTIVITIES – CIVIC, ATHLETIC, FRATERNAL [EXCLUDE ORGANIZATION WHICH INDICATE RACE, COLOR, RELIGION, NATIONAL ORIGIN OF MEMBERS]

3. IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: (____)____ - _____
ADDRESS: _____

APPLICANT'S DECLARATION

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of fact(s) called for is cause for dismissal. I further understand and agree that my employment is at will, and is for no definite period. Termination of employment may become effective at any time without any prior notice and without any reason given.

Signature

Date

FOR OFFICE USE ONLY

Interviewed by: _____
Name Date & Time Signature Recommendation

Recommendation Approved By: _____ Procedure follow-up by: _____