South Bay Community Center

2180 Palisades Ave.

P. O. Box 6387

Los Osos, CA. 93412-6387

Employment Application

Full legal name:	
Address:	
Phone:	Cell:
Education:	
Name and Location of school:	
Degree(s) received:	
Major or Specialty:	
Dates attended:	
Past employer(s) with contact information:	
O.k. to contact? Yes/No	
Additional Skills/Computer Skills:	
References: (names & contact informatifamily)	ion of 2 to 3 people who are not

List 3 to 5 reasons why you are the best applicable.	
job:	
Have you ever been convicted of a felony?	What year?
When would you be able to start work?	
When would you be able to start work? Certification:	
Certification: I certify that all entries in this form are true ar falsification of information herein, regardless	
Certification: I certify that all entries in this form are true ar falsification of information herein, regardless part of employment at the South Bay Commu former employers and references.	d complete, and I agree and understand that any of time of discovery, may cause forfeiture on my
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USE back side of application if needed.