

APPLICATION FOR EMPLOYMENT

Name:				
	rint) Last	First	Middle	
Present				
Address:	<u> </u>			
	Street and Number	City	State	Zip
Code				
Telephone	No.:	Social Security N	0.:	
Were you	previously employed by us?	[] Yes [] No If Yes, when	?	
Valid Calif	ornia Drivers License? [] Y	es [] No Driver's Licens	e Number:	
If your app	olication is considered favora	ably, what date will you be a	able to begin work?	
Do you hav	ve adequate transportation t	o and from work?[]Yes[]] No	
Have you	ever been in the Military Serv	vice? [] Yes [] No		
If Yes, give	type of discharge			
Note: dishor	norable or general discharge is no o hire.	t an absolute bar to employment	t. Other factors will affect a f	inal decision to

EDUCATION

SCHOOL NAME	YEARS	DIPLOMA/DEGREE	DESCRIBE COURSE OF
	COMPLETED		STUDY/MAJOR
High School:	(Circle)		
-	9 10 11 12		
College/University:			
	1 2 3 4		
Graduate or			
Professional:	1 2 3 4		
Trade or			
Correspondence:			
Other:			

REFERENCES

NAME	OCCUPATION	PHONE

EMPLOYMENT RECORD

List most current or last position first

DATES	COMPANY	JOB DESCRIPTION
From (Mo/Yr.):	Firm:	Title:
To (Mo/Yr.):	Address:	
Reason for leaving:	City/State/Zip:	Job Description:
reason for teaving.	Phone:	
May we contact your employer? [] Yes [] No	Supervisor:Title:	
From (Mo/Yr.):	Firm:	Title:
To (Mo/Yr.):	Address:	
Reason for leaving:	City/State/Zip:	Job Description:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Phone:	
May we contact your employer?[]Yes[]No	Supervisor:Title:	
From (Mo/Yr.):	Firm:	Title:
To (Mo/Yr.):	Address:	
Reason for leaving:	City/State/Zip:	Job Description:
reason for teaving.	Phone:	
May we contact your employer?[]Yes[]No	Supervisor:Title:	

Have you ever been termina	ted or asked to resign from any job?[]Yes[]No			
f Yes, please explain circumstances:				
Please explain fully any gaps	s in your employment history:			
employed, false statements You are hereby authorized to or firms listed to substantiat	clication for employment are true and complete. I understand that if on this application shall be considered sufficient cause for dismissal. In make any investigation of my personal history by contacting any personate claims of my employment, education, character, etc. I understand that estitute a contract for employment.			
Signature	Date			
I	N CASE OF EMERGENCY, PLEASE CONTACT			
Name:	Relationship:			
Home Phone:	Work Phone:			
Note: We shall contact you	if we need additional information or wish to conduct a personal interview.			
Complete and return to: Kain Building and Design Gr	oup LLC, 75 Higuera Street, Suite 100, San Luis Obispo, CA 93401			