



P.O. Box 260
 587 Old Mammoth Rd #5
 Mammoth Lakes, CA 93546
 (760) 934-4740

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PLEASE PRINT USE INK OR TYPEWRITER ANSWER ALL QUESTIONS

NAME: (LAST, FIRST, MIDDLE INITIAL)	POSITION APPLIED FOR:
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MAILING ADDRESS: (STREET)	(CITY)	(STATE)	(ZIP CODE)	Date:
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ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHEN ARE YOU AVAILABLE FOR WORK?	PAY EXPECTED:
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DO YOU HAVE A DRIVER'S LICENSE NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHAT KIND: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	SOCIAL SECURITY NUMBER:	TELEPHONE:
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Have you ever been convicted by a court for any offense? Do not include convictions before your 18th Birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances. Explain:

Were you in the U.S. Armed Forces? No Yes BRANCH _____ from _____ to _____

EDUCATION:
 Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College or University 1 2 3 4 5

HIGH SCHOOL OR GED	COURSE	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No
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JUNIOR COLLEGE/COLLEGE	MAJOR UNITS	DATE GRAD.	DEGREE
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UNIVERSITY/GRADUATE SCHOOL	MAJOR UNITS	DATE GRAD.	DEGREE
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PROFESSIONAL LICENSES OR REGISTRATIONS HELD

COMPUTER KNOWLEDGE:

OFFICE MACHINES OPERATED:

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? Yes No IF YES, WHICH ONE?
 WILL YOU ACCEPT PART-TIME WORK? Yes No

LIST APPRENTICESHIP, TRADE, VOCATIONAL, BUSINESS SCHOOL, MANPOWER TRAINING OR ANY OTHER SPECIAL TRAINING YOU HAVE HAD. INCLUDE TYPE, WHERE ACQUIRED, DATES AND WHETHER COMPLETED SUCCESSFULLY.

LIST ANY VOLUNTEER SERVICES THAT MAY BE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (LIST IN DETAIL - USE ADDITIONAL PAGES IF NECESSARY.)

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)
I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment as an employee in the service of Mammoth Lakes Housing, Inc. I further give permission to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and authorize disclosure of any and all information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Mammoth Lakes Housing, Inc., my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such disclosure. I further agree to furnish proof of ability to work legally in the U.S. upon employment.
Signature _____

EMPLOYMENT RECORD (Beginning with your present or most recent, show a complete record of your last three employers – if information is provided on résumé, please list Supervisor's Name and Contact Information, Highest Salary Earned and Reason for Leaving)

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED Hr Day Wk Mo Yr.
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME:			PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>
CONTACT PHONE NUMBER:			

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED Hr Day Wk Mo Yr.
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME:			PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>
CONTACT PHONE NUMBER:			

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED Hr Day Wk Mo Yr.
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME :			PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>
CONTACT PHONE NUMBER:			