



WEST ALMANOR COMMUNITY CLUB
177 Lake Almanor West Drive
Chester, CA 96020
Phone (530) 259-4646 | Fax (530) 259-2665
wacc@citlnik.net
www.lakealmanorwest.org

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

PERSONAL INFORMATION

Full name:

Mailing address:

Phone number:

Email address:

Position applied for:

Desired salary:

Application date:

A post-offer drug screen and physical will be required for all positions prior to working.

You may be required to drive from job to job. Will you have a vehicle for work every day?

Yes No

Can you provide required proof of insurance for this vehicle? Yes No

If you are applying for a position that requires you to drive a company vehicle, it will be necessary to check your driving record with the Department of Motor Vehicles prior to employment to comply with insurance requirements.

Do you have a current California Drivers' License? Yes No

How did you learn about the position?

Advertisement Friend Walk-in Relative Other

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Have you ever been employed with us before?

If yes, give dates: _____

Have you ever filed an application with us before?

If yes, give approximate date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?

EDUCATION

Level of education:

Name and Address of school attended:

Courses of study:

Year of completion:

Describe any specialized job related training, apprenticeship, skills and extracurricular activities.
(Including training received in the US Military).

Summarize special job-related skills and qualifications acquired from employment or other experience.

List Professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer:

Work address:

Phone number:

Job Title:

Work performed:

Supervisor:

Dates of employment:

Reason for leaving:

Employer:

Work address:

Phone number:

Job Title:

Work performed:

Supervisor:

Dates of employment:

Reason for leaving:

Employer:

Work address:

Phone number:

Job Title:

Work performed:

Supervisor:

Dates of employment:

Reason for leaving:

Employer:

Work address:

Phone number:

Job Title:

Work performed:

Supervisor:

Dates of employment:

Reason for leaving:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed or disclosed to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be

changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date