

Application For Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name		Social Security No.		
Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Been Convicted Of A Felony Within The Last 5 Years? Explain. Yes <input type="checkbox"/> No <input type="checkbox"/>		

We perform background checks on applicants. Please complete the included authorization document with signature.

Position

Position You Are Applying For	Available Start Date	Desired Pay
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Education

School Name	Location	Years Attended	Subjects Studied	Did you Graduate?
Computer Skills				
Special Skills				

References (list persons you are not related to and have known for at least one year.)

Name	Relationship	# of years known	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Supervisor Name		Supervisor Telephone #
Address	City	State	Zip
Job Duties			
Reason for Leaving			

Employer (2)	Job Title		Dates Employed
Work Phone	Supervisor Name		Supervisor Telephone #
Address	City	State	Zip
Job Duties			
Reason for Leaving			

Employer (3)	Job Title		Dates Employed
Work Phone	Supervisor Name		Supervisor Telephone #
Address	City	State	Zip
Job Duties			
Reason for Leaving			

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability.

Name (Please Print)	Signature
Date	

By providing the information below, and affixing my signature hereto, I grant permission for a consumer credit report, investigative report, division of motor vehicles report and a criminal background search to be obtained and provided to the individual, company or organization requesting this information.

The information requested below is for identification purposes only and is not a part of the employment application.

Name		Jr or Sr?
Address		
City	State	Zip
Previous Address		
City	State	Zip
Current/Previous Employer		
Address		Telephone #
City	State	Zip
Social Security #		Date of Birth
Gender	Race	
Driver's License Number/State		
Names Previously Known By		
Prospective Employer: San Diego Intergroup, Inc.		
DBA Alcoholics Anonymous of San Diego		
Signature		Date

Note to applicant: You have the right to receive a copy of a consumer credit report if one is obtained. Do you wish to receive a copy of this report? Circle YES or NO.

This will serve as my authorization to obtain a consumer credit report and to consider the information contained therein as part of my application for employment.

Signature

Date