High Desert Leapin' Lizards, Inc.
P.O Box 1261
Ridgecrest, CA 93556

APPLICATION FOR EMPLOYMENT

DATE	
PROGRAM/SITE	

1. PERSONAL

NAME (LAST FIRST MIDDLE)		TELEPHONE ( )
ADDRESS		ARE YOU 18 YEARS OF AGE OR OLDER? __ YES __ NO IF NO, PLEASE STATE AGE _____
SOCIAL SECURITY NUMBER: (VOLUNTARY) - -	DATE OF LAST PHYSICAL EXAM	DATE OF LAST TB

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? __ YES __ NO IF YES, PLEASE LIST ALL NAMES USED

DO YOU POSSESS A VALID CA DRIVER'S LICENSE? __ YES __ NO CDL NUMBER	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? __ YES __ NO IF YES, PLEASE EXPLAIN ON BACK OF FORM

NEAREST LIVING RELATIVE- NAME:	TELEPHONE NUMBER	RELATIONSHIP
ADDRESS		

2. POSITION APPLYING FOR

TITLE	SALARY REQUESTED	HOURS REQUESTED	DATE AVAILABLE

3. PREVIOUS EMPLOYMENT (LIST MOST RECENT EXPERIENCE FIRST)

NAME & ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATE FROM	DATE TO

4. EDUCATION

CIRCLE HIGHEST YEAR COMPLETED 6 7 8 9 10 11 12	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? __ YES __ NO IF YES, GIVE EXPECTED COMPLETION DATE

EDUCATION CONTINUED

NAME OF UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	# OF YEARS COMPLETED	# OF UNITS COMPLETED	DIPLOMA DEGREE OR CERTIFICATE	DATE COMPLETED

5. PROFESSIONAL REFERENCES

LIST THREE PERSONS THAT CAN GIVE INFORMATION ABOUT YOUR BACKGROUND, CHARACTER, ABILITITIES, ETC.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU (FRIEND, EMPLOYER, ETC)

6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS

A. LIST LICENSES OR CERTIFICATES OF COMPETENCIES HELD:

B. NAMES OF PROFESSIONAL ASSOCIATIONS OF WHICH YOU ARE A MEMBER:

C. Criminal Record Statement

Have you ever been convicted of a crime in any state, federal court, military or jurisdiction outside of the US? __ Yes __ No

If the criminal background check reveals any conviction(s) that you did not disclose on this form, your failure to disclose the conviction(s) may result in immediate termination. If you answered yes, give details indicating the nature and circumstances of the crime and the date and location in which each crime occurred.

NOTES:

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I GIVE MY PERMISSION FOR ANY NECESSARY VERIFICATION.

SIGNATURE OF APPLICANT	DATE