



Skyline Bookstore

COLLEGE

APPLICATION FOR EMPLOYMENT
Registration in current semester required (6 unit min)

Semester Applying For: _____
Date of Application: ___/___/___

Last Name	First Name	School ID:
Address		
City	State	Zip
Daytime Phone #	Evening Phone #	
Email:		

EMPLOYEMENT HISTORY: (list your employers beginning with the most recent)

Dates:	Names and Addresses of Employers:	Position Held & Supervisor:	Major Duties:	Reason For Leaving
From: ___/___ Mo. Yr.	Name:	Supervisor:		
To: ___/___ Mo. Yr.	Address:			
	Phone:			
Dates:	Names and Addresses of Employers:	Position Held & Supervisor:	Major Duties:	Reason For Leaving
From: ___/___ Mo. Yr.	Name:	Supervisor:		
To: ___/___ Mo. Yr.	Address:			
	Phone:			
Dates:	Names and Addresses of Employers:	Position Held & Supervisor:	Major Duties:	Reason For Leaving
From: ___/___ Mo. Yr.	Name:	Supervisor:		
To: ___/___ Mo. Yr.	Address:			
	Phone:			

TYPES OF EXPERIENCE (Check all that apply):

- Cash Register Adding Machine Filing
- Food Handling Graphic Design Production (Copies, Faxing)
- Computer Applications (Please List) _____

Do you have any difficulties lifting up to 50 lbs.? Yes No

OTHER APPLICABLE EXPERIENCE OR TRAINING:

Cultural Sensitivity Skills: Describe the experience or training that has prepared you in a multi-cultural, multilingual environment

What specific cultural sensitivity skills would you bring to this position if hired?

REFERENCES- List three (3) individuals who will be able to provide information during reference checking process about a) your applicable education and employment backgrounds; and b) specifics concerning your current and previous job duties:

Name:	Job Title:
Relationship	Tel ()

Name:	Job Title:
Relationship	Tel ()

Name:	Job Title:
Relationship	Tel ()

Other Personal Data:

Have you been convicted of a crime other than a minor traffic violation? ____ YES (explain) ____ NO

(A "YES" answer to the question about the previous convictions will not result in automatic disqualification)
 The information provided in this application for employment is complete and accurate to the best of my knowledge. I understand that falsification of any part(s) of this application shall be sufficient cause for my disqualification from the selection process or termination from District employment.

Applicant Signature: _____ Date: _____

Place an "X" in the hours you will be most available to work

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 – 9:00					
9:00 – 10:00					
10:00 – 11:00					
11:00 – 12:00					
12:00 – 1:00					
1:00 – 2:00					
2:00 – 3:00					
3:00 – 4:00					////////////////////
4:00 – 5:00					////////////////////
5:00 – 6:00					////////////////////
6:00 – 7:00					////////////////////
7:00 – 8:00					////////////////////
8:00 – 9:00					////////////////////