



MUST BE ACCOMPANIED BY
A COVER LETTER AND
RESUME

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.				DATE			
Name							
	Last	First		Middle		Maiden	
Present address							
	Number	Street	City	State	Zip		
How long							
Telephone())_		Email address:					
Are you eligible to	work in the U.S?	□ No □ Yes Can you	work ove	ertime, inc	luding wee	kends?	□ No □ Yes
Have you ever be	en terminated from e	mployment or asked to resign b	y an em	ployer?	🗆 No 🛛	Yes	
Are you willing to	undergo a pre-emplo	yment medical examination?	🛛 No	Yes			
Do you have any previous injuries or conditions that may compromise your ability to perform the duties described in the job description? INO Yes							
When are you ava	ilable to start?		_ Positic	on(s) appli	ed for:		
How did you hear	about us?						

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

PLEASE PRINT ALL
INFORMATION REQUESTED
AND SIGN

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A VALID DRIVER'S LICENSE?	\square No (Please be prepared to present a DMV report prior to being hired.)
What is your means of transportation to work?	
Driver's license number State of issue Expiration date	Operator D Commercial (CDL) DChauffeur
Have you had any accidents during the past three years? Have you had any moving violations during the past three y	·
Please list two references other than relatives or previous e	mployers.
Name	Name
Position	Position
Company	Company
Address	Address
Telephone (Telephone ()
space below to list any additional information necessary to	idual to adequately summarize a complete background. Use the describe your full qualifications for the specific position for which ce and/or training that would enhance your ability to perform the

APPLICATION FOR EMPLOYMENT

Work
Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates			
City, State, Zip Code Phone number		From	То		
May we contact this employer?	Your last job title:				
Reason for leaving (be specific)					
Summarize the nature of your work and how those duties w with The Land Conservancy of San Luis Obispo County. Yo					
Name of employer	Name of last				

Name of employer Address	Name of last supervisor	Employment dates		
City, State, Zip Code Phone number		From	То	
May we contact this employer?	Your Last Job Title:			
Reason for leaving (be specific)				
Summarize the nature of your work and how those duties will benefit and/or transfer to the position you are seeking with The Land Conservancy of San Luis Obispo County. You do not need to restate information on your resume.				

APPLICATION FOR EMPLOYMENT

Work	Please list your wo
experience	If you were self-en

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Name of last supervisor	Employment dates					
	From	То				
Your last job title:						
Reason for leaving (be specific)						
Summarize the nature of your work and how those duties will benefit and/or transfer to the position you are seeking with The Land Conservancy of San Luis Obispo County. You do not need to restate information on your resume.						
Name of last supervisor	Employme	ent dates				
	From	То				
Your last job title:						
Reason for leaving (be specific)						
Summarize the nature of your work and how those duties will benefit and/or transfer to the position you are seeking with The Land Conservancy of San Luis Obispo County. You do not need to restate information on your resume. Did you complete this application yourself						
	Your last job title: vill benefit and/or trans bu do not need to restand Name of last supervisor	Supervisor From Your last job title: From /ill benefit and/or transfer to the position you do not need to restate information on you do not need to restate information on you Name of last supervisor Employme From From				

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment. I understand and agree that my employment will be at-will and can be terminated by either party with or without notice, for any reason or no reason. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant

Date

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.