



# AMERICAN RIVER COLLEGE STORE

## Application for Employment

Qualified Applicants are considered for all positions without regard to race, color, sex, religion, natural origin, age, marital, or veteran status, or the presence of a non-job-related medical condition or handicap. Offers of employment are contingent upon the successful clearance from a criminal background check, and proof of identity and eligibility of work in the United States prior to the first day of work.

Position Applying For: \_\_\_\_\_ Date of Application \_\_\_\_\_

### REFERRAL SOURCE:

- Advertisement    Friend    Relative    Student Employment Office    Other

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

City

Zip

Email: \_\_\_\_\_

Student I.D.# \_\_\_\_\_ Phone#: \_\_\_\_\_

Have You Filed An Application Here Before?  Yes  No Date: \_\_\_\_\_

Have You Ever Been Employed Here Before?  Yes  No Date: \_\_\_\_\_

When Are You Available To Work?  Days  Evenings

Do Any of your Friends, Relatives, or Spouse, work here?

Yes

No

If Yes, List Name(s): \_\_\_\_\_

Have You Ever Been Convicted of a Felony?  Yes  No

If yes, Explain: \_\_\_\_\_

List School, Trade, or Business: \_\_\_\_\_

Summarize Special Skills and Qualifications Acquired From Employment or Other Experience:

### PROFESSIONAL (BUSINESS OR SCHOOL) REFERENCES (NOT RELATED TO YOU)

Name

Address

Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Student must be enrolled in a minimum of 6 units at American River College. International students require 12 units.**

## EMPLOYMENT EXPERIENCE:

List each job held. **Start with your present or last job.** Include military service assignments, and volunteer activities. (Exclude groups which indicate race, color, religion, sex, or national origin.)

Period Of Employment:	Job Title/Most Important Job Duties:	Employer Information:
From: _____ To: _____ Total: ____ Year(s) ____ Month(s) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Are You Employed there Now? Yes <input type="checkbox"/> No <input type="checkbox"/> May We Contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason For Leaving: _____	Job Title: _____ Pay Rate: _____  Duties:	Employer: _____ Address: _____ _____ Phone #: _____  Supervisors Name/Title: _____
From: _____ To: _____ Total: ____ Year(s) ____ Month(s) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Are You Employed there Now? Yes <input type="checkbox"/> No <input type="checkbox"/> May We Contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason For Leaving: _____	Job Title: _____ Pay Rate: _____  Duties:	Employer: _____ Address: _____ _____ Phone #: _____  Supervisors Name/Title: _____
From: _____ To: _____ Total: ____ Year(s) ____ Month(s) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Are You Employed there Now? Yes <input type="checkbox"/> No <input type="checkbox"/> May We Contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason For Leaving: _____	Job Title: _____ Pay Rate: _____  Duties:	Employer: _____ Address: _____ _____ Phone #: _____  Supervisors Name/Title: _____