



Return this application to:
 SHASCOM
 3101 South St.
 Redding, CA 96001-2379

EMPLOYMENT APPLICATION

**NOTE: Read application carefully and answer ALL questions completely.
 Incorrect or incomplete application will be rejected.**

Position you are applying for (please use ink or typewriter to complete this application)	Date:
Lateral Application	
Where did you hear/read about this announcement? Name specific publications. Note name of SHASCOM employee who referred you if applicable.	

Name: _____	
Physical Address (street, city, zip) _____	
Mailing Address (if different than above) _____	
Home Phone (_____) _____	Message Phone (_____) _____
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you a legal resident? _____	
Drivers' License No. _____	Class _____ State Issued _____ Expires _____
Were you previously employed by SHASCOM? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
Under what names? _____	
List any relatives working for the Agency	
Name _____	Address _____ Relationship _____
Name _____	Address _____ Relationship _____
Typing Skill _____ wpm	Personal Computer Skill: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None

School	Name & Address	Course of Study	No. of Units	Did you graduate?	Diploma or Degree?	GPA
HIGH					<input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
COLLEGE					<input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
OTHER					<input type="checkbox"/> Diploma <input type="checkbox"/> Degree	

In order for your application to be considered, the following section must be completed. List all present and past employers for the last **TEN** years, beginning with your most recent. If you have not been in the work force for the last 10 years, please explain. If you require additional listings, attach a sheet with your name at the top. Fill this sheet first.

DATES Mo/Year	Present Or Most Recent Position	Company	Position	Starting Salary
From		Address	Your Supervisor	Final Salary
		Business	Your Department	Phone Number
To		Reason for Leaving	Your Duties	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
DATES Mo/Year	Next Previous Position	Company	Position	Starting Salary
From		Address	Your Supervisor	Final Salary
		Business	Your Department	Phone Number
To		Reason for Leaving	Your Duties	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
DATES Mo/Year	Next Previous Position	Company	Position	Starting Salary
From		Address	Your Supervisor	Final Salary
		Business	Your Department	Phone Number
To		Reason for Leaving	Your Duties	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
DATES Mo/Year	Next Previous Position	Company	Position	Starting Salary
From		Address	Your Supervisor	Final Salary
		Business	Your Department	Phone Number
To		Reason for Leaving	Your Duties	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>

May we contact your present employer? Yes No

Have you ever been discharged or forced to resign? Yes No If yes, describe:

Have you ever been convicted of a felony? Yes No If yes, describe:

I HEREBY CERTIFY THAT MY ANSWERS TO THE QUESTIONS IN THIS APPLICATION AND ANY REQUIRED SUPPLEMENT ARE COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT ANY OMISSIONS OR MISSTATEMENT OF MATERIAL FACTS CONTAINED THEREIN MAY CAUSE ME TO FORFIT ALL RIGHTS OF EMPLOYEMENT. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE VERIFIED AND THAT FAILURE TO COMPLETELY ANSWER ANY QUESTIONS WILL RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT. THIS APPLICATION WILL BE VALID FOR 120 DAYS.

Signature of Applicant _____ Date _____