

EMPLOYMENT REFERENCES

Name: _____ Home #:() _____

Address: _____ Cell #:() _____

E-MAIL ADDRESS: _____ Are you retired through CalPERS: Yes _____ No _____

PLEASE LIST AT LEAST TWO EMPLOYERS (PRESENT AND PAST)

COMPANY: _____
ADDRESS: _____
CITY: _____
STATE, ZIP: _____
PHONE #: _____
FAX #: _____
EMAIL ADDRESS: _____
DATES OF EMPLOYMENT: _____

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ADDRESS: _____
CITY: _____
STATE, ZIP: _____
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FAX #: _____
EMAIL ADDRESS: _____
DATES OF EMPLOYMENT: _____

IF YOU HAVE NO WORK EXPERIENCE, PLEASE LIST SCHOOL TEACHERS, VOLUNTEER WORK, ETC:

NAME: _____
ADDRESS: _____
CITY: _____
STATE, ZIP: _____
PHONE #: _____
EMAIL ADDRESS: _____
HOW DO YOU KNOW THIS PERSON? _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE, ZIP: _____
PHONE #: _____
EMAIL ADDRESS: _____
HOW DO YOU KNOW THIS PERSON? _____

What is your Shift preference (AM, PM, or NOC)? _____ What is your second preference? _____

Previous Program assignment, if any? _____ Spanish Speaking? _____