



Tracy Wildlife Association



P.O. BOX 283 TRACY, CA 95378-0283

WWW.TRACYWILDLIFE.ORG

(Please print or type when completing this form)
APPLICATION FOR EMPLOYMENT

Name _____ Date _____
Last First Middle

Telephone (____) ____-____ Social Security #: ____-____-____

Present Address _____
Street City State Zip

Position Applying For: _____

If hired, what date can you start work? _____

- Are you at least 18 years old? Yes _____ No _____
(If under 18, hire is subject to verification that you are of minimum legal age.)
- If hired, can you present evidence of your U.S. citizenship, or proof of your legal right to live and work in this country? Yes _____ No _____
- Are you able to perform the essential functions of the job for which you are applying? Yes _____ No _____
- Have you ever been convicted of a felony? Yes _____ No _____
- Are you currently employed? Yes _____ No _____
- May we contact your current employer? Yes _____ No _____

EDUCATION, TRAINING, AND EXPERIENCE

SCHOOL	NAME AND ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE/ DIPLOMA
High School				
College/ University				
Vocational/ Business				

- Do you have any other experience, training, qualifications or skills that you feel make you especially suited for the work applied for?
If so please explain: _____

EMPLOYMENT HISTORY

List all employment starting with your most recent employer (last 10 years is sufficient). Please complete this section even if attaching a resume.

1) Name of Employer _____ Telephone No. (____) _____

Address _____
Street City State Zip

Your Position and Duties _____

Reason for Leaving _____

Supervisor's Name and Title _____

2) Name of Employer _____ Telephone No. (____) _____

Address _____
Street City State Zip

Your Position and Duties _____

Reason for Leaving _____

Supervisor's Name and Title _____

3) Name of Employer _____ Telephone No. (____) _____

Address _____
Street City State Zip

Your Position and Duties _____

Weekly Pay: Starting _____ Ending _____ Dates of Employment _____ to _____

Reason for Leaving _____

Supervisor's Name and Title _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of your service in the military?

Yes _____ No _____

If so, describe: _____

CERTIFICATE OF APPLICANT (PLEASE READ CAREFULLY BEFORE SIGNING)

I understand that any omission or misstatement of material fact on this application or on any document used to secure employment will be grounds for rejection of this application or for immediate discharge if I am employed.

I understand that nothing contained in the application or conveyed during any interview is intended to create an employment contract between the **Tracy Wildlife Association** and myself. In addition, I understand that **Tracy Wildlife Association** is an at will employer and agree that if I am employed my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the association or myself.

Applicant's Signature

Today's Date

Mail completed application to:
Tracy Wildlife Association
P.O. Box 283
Tracy, CA 95378-0283