ADULT ENRICHMENT SERVICES

Email: aesassistance@gmail.com / Call: 510-938-5287
We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

PERSONAL DATA										
Name (last, first, middle)										
Street Address and/or Ma	ailing Addres	s	City				State	Zip		
Home Telephone Number	er		Business Telephone Number			Cellular Telephone Number				
Date you can start work			Salary Desired			Do you have a High School Diploma or GED? Yes □ No □				
POSITION INFORMATION Check all that you are willing to work										
Hours: Full Time Part Time		Days Eveni	Swing Graveyard Weekends			Statu		ur 🔲 orary 🗆		
Are you authorized to wo	ork in the U.S	on an unrestricted	basis?			Ye	es 🗌	No 🗌		
Have you ever been convicted of a felony? Yes No										
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes No										
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.										
		School Name				Address/City/State				
School										
School										
Other										
SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.										
REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.										
Name			Address/City/State			Pl	none	Relationship		

WORK HISTORY Start with your present or most recent emplo	yment and work b	ack. Use separate sheet if necessary.	(INCLUDE PAID AND UNPAID POSITIONS)		
Job Title #1	Start Date (mo/	day/yr)	End Date (mo/day/yr)		
Company Name	Supervisor's Na	ame	Phone Number		
City	State		Zip		
Duties:					
Reason for Leaving		Starting Salary	Ending Salary		
May we contact your present employer?	Yes	No N/A			
Job Title #2	Start Date (mo/	day/yr)	End Date (mo/day/yr)		
Company Name	Supervisor's Na	ame	Phone Number		
City	State		Zip		
Duties:					
Reason for Leaving		Starting Salary	Ending Salary		
Job Title #3	Start Date (mo/	(day/yr)	End Date (mo/day/yr)		
Company Name	Supervisor's Na	ame	Phone Number		
City	State		Zip		
Duties:					
Reason for Leaving		Starting Salary	Ending Salary		
Job Title #4	Start Date (mo/	day/yr)	End Date (mo/day/yr)		
Company Name	Supervisor's Na	ame	Phone Number		
City	State		Zip		
Duties:					
		T	1		
Reason for Leaving		Starting Salary	Ending Salary		
I certify that the facts set forth in this Application for En Imployed, false statements, omissions or misrepresentations may bet forth in this application and release the Employer from any lial I acknowledge and understand that the company is an "amployee) may resign at any time, just as the employer may terming without notice to the other party.	result in my disr bility. The empl at will" employe	missal. I authorize the Employer loyer may contact any listed refe r. Therefore, any employee (reg	to make an investigation of any of the facts brences on this application. gular, temporary, or other type of category		
applicant Signature		Date			

