

<p align="center">Creekside Cabana Club Employment Application</p> <p align="center">3840 Yerba Buena Ave, San Jose, CA.,95121 (408) 270-2443 WEBSITE: www.creeksidecabanaclub.com</p>			POSITION APPLIED FOR:				
			Date of Birth		Office Use Only: Qualified Disqualified Certifications Experience Late Other		
					Rank:		
			Last Name	First Name	Middle Initial	Home Phone Number:	
Address			Cell Phone Number:				
City, State, Zip			E-mail address:				

Complete this application in its entirety. Incomplete or illegible applications may be disqualified. Check job announcement for minimum qualification information. Documents submitted will not be returned.

Schools			
Schools (Name and Location)		Major	Dates Attended
Certifications which are related to the position for which you are applying for :			
EMPLOYMENT HISTORY Beginning with your current or most recent job, please list work experience. Use additional sheets or attach resume.			
Dates of employment From: (month) (year) To: (month) (year)	Title of your position	Type of business or organization	Full-time Part-time Hours/Week
Name and Address (include city, state, ZIP) of Current and Most Recent Employer		Name/Title of your immediate supervisor Supervisor Phone: May we contact her/him? Yes No	
Number of people and types of positions you supervised:			
Description of Duties, Responsibilities, and Accomplishments			
Dates of employment From: (month) (year) To: (month) (year)	Title of your position	Type of business or organization	Full-time Part-time Hours/Week
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Number of people and types of positions you supervised:			
Description of Duties, Responsibilities, and Accomplishments			
Have you ever been fired from a position? Yes No If yes, please give details.			

CERTIFICATION OF APPLICANT (READ CAREFULLY BEFORE SIGNING)

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement of material facts will cause forfeiture of my eligibility for employment. I also understand that falsification or omission of information regarding convictions will result in my removal from eligible lists or dismissal from Creekside Cabana Club employment. I understand that I give the right to the Creekside Cabana Club to check any information regarding my employment application.

Signature of Applicant: _____ Date: _____