

Palomar College Fitness Center

1140 West Mission Road, San Marcos, CA 92069
760-744-1150 Ext. 2839

Application For Employment

Position applied for: _____ Date of Application: _____

PERSONAL INFORMATION

First Middle Last

Address City State Zip code
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Home Phone Work Phone Social Security Number

- **Do you have a reliable vehicle and/or transportation?** YES NO
- **Are you a Federal Work Study Student?** YES NO
- **Do you understand that the position requires at least one day of opening and closing the facility each week?** YES NO

How many hours/week do you want? _____

Are there any days and/or times that you absolutely **can not** work? _____

CURRENT CLASS SCHEDULE (include all break periods)

Monday _____ - _____ Tuesday _____ - _____ Wednesday _____ - _____
Thursday _____ - _____ Friday _____ - _____ Saturday _____ - _____

Have you been previously employed at Palomar College? YES NO

If yes, when & Where? _____

What date will you be available for work? _____

EDUCATION

Are you a high school graduate? YES NO

Are you a current Palomar College Student? YES NO

How many units are you currently enrolled in? _____

What is your course of study at Palomar College? _____

How many semesters have you completed? _____

When (what semester) will your studies be completed? _____

Previous Schools Attended	City/State	Degree/Certificate Earned

ADDITIONAL TRAINING: Special courses, previous experience, training programs, armed forces training, etc. _____

SKILLS: Typing _____ wpm. Do you have any computer, mechanical, or other relevant skills? If yes, please describe. _____

[*Continued on reverse](#)

WORK EXPERIENCE (Most Recent First)

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Starting date Ending date Name & Address of Employer Phone #

Starting salary: \$ _____ Ending salary: \$ _____ Hrs. per week _____

Title, duties and responsibilities: _____

Reason for leaving: _____

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Title, duties and responsibilities: _____

Reason for leaving: _____

CERTIFICATION OF EMPLOYMENT

I certify that all statements made in this application are true and complete and that any misstatement of material facts may subject me to disqualification or dismissal.

Signature of Applicant

Date

Office Use Only Date of Interview: _____ Comments: _____

Hire: Y/N Hire Date: _____ Date & Initial-Paperwork completion verification: _____

****Please submit to a Supervisor upon completion.**