APPLICATION FOR SAC CAMPUS STORE EMPLOYMENT

<u>A</u>	pplicant must be enrolle	<u>d in a minimum 6 unit</u>	s to be eligible for employme	<u>nt.</u>	
PERSONAL INFORMATION		DATE OF APPLICATION:			
Name:Last		First	Μ	Middle	
Address:	Street	Apt	City, State	Zip	
Contact Information: Phone			Email Address		
Available Star	t Date:				
Are you enrolled in 6 units or more?		Are you currently employed?			

EDUCATION

	Name and Location	Graduate? Degree?	Major/Subjects of Study
High School			
College or University			
Specialized Training,			
Trade School, etc			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position.

Employment History

Please list beginning from most recent.

Company Name	Dates Employed	Position/Job Title	Location
Job notes, tasks perforn	ned and reason for leaving:		
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Job notes, tasks perforn	ned and reason for leaving:		
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