Solano Community Foundation
470 Chadbourne Rd
Suite D
Fairfield, CA 94534

Solano Community Foundation
Application for Employment

707-399-3846
www.solanocf.org

Part 1. General Information

Please review all questions carefully before you begin.

Position (Job Title) Applying For:				Date Available to Start
Name (Last, First, and Middle Initial)				Social Security Number
Mailing Address (Include apartment number)				Home Telephone
City	State	Zip Code	E-Mail Address	Cell Phone

Part 2. Background Information

A driver's license is required for this position, please complete the following

Name on License	State Issued	License Number	Expiration Date	Date of Birth

Part 3. Education and Training

Do you have a High School Diploma (or equivalent)? Yes No

List your education information (college, business school, technical, or military training)

Name of School or Name of Organization	Location	Degree Major or Course of Study	Degree or Certificate	Mo/Year Received
1.				
2.				
3.				
4.				

Part 4. Employment History

You may use this form for both volunteer and paid experience. *For volunteer work, 160 hours equals one month of experience.

Present or Last Employer	Employer's Address		Employer's Phone Number	
Your Title/Position	Length of Time Employed in this Position From: To:	Total Yrs/Mos	Ave Hrs/Week	Monthly Pay
Immediate Supervisor's Name	Job Duties & Responsibilities			
Reason For Leaving				

Previous Employer	Employer's Address		Employer's Phone Number	
Your Title/Position	Length of Time Employed in this Position From: To:	Total Yrs/Mos	Ave Hrs/Week	Monthly Pay
Immediate Supervisor's Name	Job Duties & Responsibilities			
Reason For Leaving				

Previous Employer	Employer's Address		Employer's Phone Number	
Your Title/Position	Length of Time Employed in this Position From: To:	Total Yrs/Mos	Ave Hrs/Week	Monthly Pay
Immediate Supervisor's Name	Job Duties & Responsibilities			
Reason For Leaving				

Part 5. Date and Signature

1. All answers and information provided on this application are true and complete to the best of my knowledge.
2. I understand that the information contained in this application may be verified through official inquiries made by SCF.
3. I understand that providing untruthful or misleading information is cause for rejection of this application or immediate dismissal, if I am hired by SCF.

Signature Date