

26801 Ortega Highway
San Juan Capistrano, CA 92675
949-234-1300
www.missionsjc.com



Mission San Juan Capistrano
Application For Employment
An Equal Opportunity Employer

Application must be typed or printed in black ink. Complete all sections.
Please provide enough information to allow for comprehensive review and evaluation.

1. Job Title: _____ Date of Application _____

2. Your Name: _____
Last First Middle

3. Address _____
Number and Street Apt. # City State Zip

4. Telephone Number: (____) _____ - _____ (____) _____ - _____ Ext. _____
Home Business

5. Social Security Number: _____ - _____ - _____
(In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary.
Your Social Security Number will be used for identification purposes to ensure that proper records are maintained.)

6. Are you eligible to be lawfully employed in the United States? Yes No
(Proof of identity and eligibility to work in the United States will be required upon employment)

7. Have you ever worked for the Mission San Juan Capistrano? Yes No
If yes, list prior employment dates. _____

8. Are you related to anyone who works for the Mission San Juan Capistrano? Yes No
If yes, list name _____ Dept. _____ Relationship _____

9. Were you ever discharged or forced to resign due to unsatisfactory service? Yes No

10. Although a conviction record will not necessarily be a bar to employment, have you ever been convicted, imprisoned, or placed on probation for an offense other than a traffic citation or traffic misdemeanor? If yes, state when, where, final disposition, and nature of the charges on a separate sheet. Yes No

11. Can you perform the functions of this job, as set forth in the job description, with or without reasonable accommodations? Yes No
 Have not reviewed job description.

12. Are you proficient in a language other than English? Yes No
If yes, please specify the languages you read, write and speak fluently:

Read: _____ Write: _____ Speak: _____

13. EDUCATION: Circle highest grade or year completed: 6 7 8 9 10 11 12 13 14 15 16 17 18 18+

14. Please give us enough information to allow for review and evaluation of your work experience and abilities. List the positions you have held, starting with your most recent job. Include relevant volunteer experience. If you were employed under another name, provide the name by which you were known to your employer. If additional space is needed, attach additional pages (include your full name and position for which you are applying on each page). This section must be fully completed. **A resume may be attached, but will not be accepted in lieu of this section.**

See next page >

From (Mo. & Yr.)		Employer	
To (Mo. & Yr.)		Address	
Salary per Mo/Hr	\$	Title of Your Position	
Hours per Week		Reason for Leaving	
No. Supervised		Supervisor's Name and Phone No.	
Type of Work Performed (Be Specific)			
From (Mo. & Yr.)		Employer	
To (Mo. & Yr.)		Address	
Salary per Mo/Hr	\$	Title of Your Position	
Hours per Week		Reason for Leaving	
No. Supervised		Supervisor's Name and Phone No.	
Type of Work Performed (Be Specific)			
From (Mo. & Yr.)		Employer	
To (Mo. & Yr.)		Address	
Salary per Mo/Hr	\$	Title of Your Position	
Hours per Week		Reason for Leaving	
No. Supervised		Supervisor's Name and Phone No.	
Type of Work Performed (Be Specific)			

15. May we contact all employers listed in Section 14? Yes No
 If no, indicate exceptions: _____

16. Please list additional skills, training, certificates or licenses pertinent to this position:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Signature of Applicant _____
 Date