



South County Family Educational
and Cultural Center (SCFECC)
867 Ramona Avenue / P.O. Box 1117 (93483)
Grover Beach, CA 93433
(805) 473-1421
gbdiscoverycenter.org

EMPLOYMENT APPLICATION

(Please print clearly; answer all questions; sign and date)

POSITION APPLIED FOR _____

APPLICANT INFORMATION

Full Name _____

Home Address _____

City/State/Zip _____ # years at this address _____

Phone _____ Email _____

Social Security # _____ Driver's License State & # _____

EMERGENCY CONTACT

Contact Name _____

Relationship to you _____ Phone _____

Address _____

City/State/Zip _____

Discover, Explore, Dream



1. Who referred you to SCFECC? _____

2. Do you have any friends or relatives who work at SCFECC? If so, please list their names

3. Are you at least 18 years old? _____

4. How will you get to work? _____

5. Are you willing to work any shift including nights (only until 7 p.m. during summer hours)?
_____ If not, please list your limitations _____

6. If you are offered employment, when would you be able to begin? _____

7. If hired, are you able to submit proof that you are legally eligible for employment in the
United States? _____ YES _____ NO

8. Are you able to perform the essential functions of the job position you seek with or
without reasonable accommodation? _____

9. What reasonable accommodation, if any, would you need? _____

APPLICANT'S SKILLS

1. Check those skills you have. List any other skills that may be useful for the job you are seeking. Enter the number of years' experience and how strong or weak you are in this skill.

SKILL	# Years Experience	Strong OR Weak
Microsoft Office-Word		
Microsoft Office-Excel		
Accounting		
Bookkeeping		
Customer Service		
Social Media, Graphics		
Other Skills: _____		
Other Skills: _____		

APPLICANT EMPLOYMENT HISTORY

List your current or most recent employment first, then fill in as much as you can (use extra page if needed).

Employer Name _____ Supervisor Name _____

Address _____

City/State/Zip _____

Dates of Employment (Month/Year) _____ to _____

Job Title & Description of Duties _____

Reason for Leaving _____

Employer Name _____ **Supervisor Name** _____

Address _____

City/State/Zip _____

Dates of Employment (Month/Year) _____ to _____

Job Title & Description of Duties _____

Reason for Leaving _____

Employer Name _____ **Supervisor Name** _____

Address _____

City/State/Zip _____

Dates of Employment (Month/Year) _____ to _____

Job Title & Description of Duties _____

Reason for Leaving _____

APPLICANT'S EDUCATION AND TRAINING

Community College / University /Name of Educational Institution and Address

Did you receive a degree? _____ If so, what degree(s) did you receive? _____

High School / GED / Name of Educational Institution and Address _____

_____ Year Graduated _____

Other training (graduate, technical, vocational) _____

Please list any professional licenses or certifications _____

REFERENCES: Please list any two (2) non-relatives who would provide a reference for you.

Name _____

Relationship to you _____ Phone _____

Address _____

City/State/Zip _____ Email _____

Name _____

Relationship to you _____ Phone _____

Address _____

City/State/Zip _____ Email _____

OTHER IMPORTANT INFORMATION YOU WOULD LIKE TO SHARE

