



SAN JOAQUIN COUNCIL OF GOVERNMENTS
 555 E. Weber Avenue · Stockton, CA 95202 · P (209) 235-0600 · www.sjcog.org

EMPLOYMENT APPLICATION

Date: _____ Email Address: _____ Are you over 18?
 YES NO

Print Name: _____
 (LAST) (FIRST) (MI)

Phone Number: _____ Alt. Contact Number: _____
 Okay to leave a message? YES NO Okay to leave a message? YES NO

Physical Address: _____
 (STREET) (CITY) (STATE) (ZIP)

Mailing Address (If different from physical address): _____
 (STREET) (CITY) (STATE) (ZIP)

Do you authorize SJCOG to share your cover letter, application, & resume with other Employers? YES NO

Do you have a valid Driver's License: YES NO if yes, license # _____ state of issuance: _____

Are you related to anyone in our agency? YES NO If yes, Explain (whom/how):

EMPLOYMENT DESIRED

Position Applying for: _____ Date You Desired
 Can Start: _____ Salary: _____

How did you hear about this position (please be specific by indicating name of website and/or name of newspaper, etc.)?

Do you have any commitments (personal or with a previous employer) that might affect your employment with us? YES NO If yes, explain:

EDUCATION

(Graduation and Degree Verification is Required)

	School Name	City, State	Years Completed	Grade Point Average	Type of Degree & Major	Degree Received?
High School (GED)						YES NO
College / University						YES NO
Graduate School						YES NO
Vocational / Business School						YES NO

Subjects of special study, research work, graduate assistantships, part-time, and any other notable accomplishments you feel would enhance your qualifications for this position:

EMPLOYMENT RELATED REFERENCES

One of the references must be a direct supervisor
(Identify your supervisor by typing his/her name in all caps)

	Name	Address	Work Telephone	Job Title	Years Known	Email Address
1.						
2.						
3.						

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR CURRENT / PREVIOUS EMPLOYERS? YES NO

(Beginning with most recent/current Employer)

1. Employer Name: _____ Supervisor Email Address: _____ City & State: _____		Business Phone Number: Job Title:
Name of Supervisor: _____ Direct Phone Number: _____		Duties:
Reason for Leaving: _____	Dates of Employment:	
	FROM: Month _____ Year _____ To: Month _____ Year _____	

2. Employer Name: _____ Supervisor Email Address: _____ City & State: _____		Business Phone Number: Job Title:
Name of Supervisor: _____ Direct Phone Number: _____		Duties:
Reason for Leaving: _____	Dates of Employment:	
	FROM: Month _____ Year _____ To: Month _____ Year _____	

3. Employer Name: _____ Supervisor Email Address: _____ City & State: _____		Business Phone Number: Job Title:
Name of Supervisor: _____ Direct Phone Number: _____		Duties:
Reason for Leaving: _____	Dates of Employment:	
	FROM: Month _____ Year _____ To: Month _____ Year _____	

