

## **City of Blue Lake**

P.O. Box 458 111 Greenwood Road Blue Lake, CA 95525

Position applied for	on applied for							
Last Name	First Name		МІ					
Address	City/State	Zip	Telephone					
Email Address								
If under eighteen years	s of age, can you, after an o	ffer of employm	nent, submit a	work permit? ( ) Yes ( ) No				
Can you, after an offer	of employment, submit ve	rification of you	r legal right to	work in the United States? ( ) Yes ( ) No				
ENADLOVA AFAIT LUCTOR	v							
	Any jobs you have held in the last ten years, starting with the most recent. Include military and voluntary experience. (Please use tional sheets if necessary.)  Ployer's Name  Position Title							
		o .		, , , , , ,				
Employer's Name		Position Title						
Address/City/State/Z	ip	Describe Your Duties						
Telephone								
Тетерноне								
Supervisor								
Starting Date	Final Date							
Final Salary	Hours Per Week	Reason for I	_eaving					
Employer's Name		Position Titl	e					
Employer s italiie		- Control III						
Address/City/State/Zip		Describe Your Duties						
Talanhana								
Telephone								
Supervisor								
Starting Date	Final Date							
Final Salary	Hours Per Week	Reason for L	_eaving					

Employer's Name		Position Title								
Address/City/State/Zip		Describe Your Duties								
Telephone										
Supervisor										
Starting Date		Final Date								
Final Salary	ary Hours Per Week			Reason for Leaving						
EDUCATION AN	D TRAINI	NG								
School	Name & Location of Scho			hool	Course of Study Circle last year completed			Degree/Diploma Received		
High School					9 10					
College					1 2	3	4			
Technical										
Skills/Other										
Licenses/Certificates Issue/Expira		iration Da	te	Issuer of License			Number if Applicable			
		es that we may co			not related	to yo	ou and who have	e definite knowledge		
		Address					Phone			
the contact of a persons or othe	any prese r organiz	ent or former em	ployer to such infor	verify any inforr mation. I under	nation pert stand that a	ainin any f	g to this applic alse statements	ith it is true and accurate. I authorize ation, and I release from liability any or omissions of material facts on the		
Date			Signa	ature						