JOB APPLICATION	ON		
NORCAL PAINTBALL PAINTBALL STORE CCC NORCAL PAINTBALL 713 Merchant St. Ste. A Vacaville, CA 95688			
We are an Equal Opportunity Employer and fully subscribe to the princi Applicants and/or employees are considered for hire, promotion and job sta creed, sex, marital status, national origin, physical	atus, without reg	pard to race, co	
Name	_Date of Applica	ition	
AddressCity	Sta	teZip	
TelephoneEmailEmail			
1. GENERAL INFORMATION: Are you able to perform the essential job functions of the position for which reasonable accommodation \Box YES \Box NO Have you been convicted of any felonies other than minor traffic violations durin conviction will not a utomatically bar employment, but will be considered only as in the position for which you are applying). \Box NO \Box YES If yes, explain:	g the past seven it reasonably rela	years? (A crimin atesto your fitn	al re cord o r a ess to per form
2. EDUCATION & TRAINING: Circle last grade completed – Grade 1 2 3 4 5 6 7 8 9 10 11 12 Col Name & Address of School	Major Course	Graduated	Average
	Studied	or degree (Y or N)	Grade
Last High School Attended/Address:			
College or University/Address:			
College or University/Address Other School (Technical, Vocational, Graduate, etc)/Address			
List any scholarships, academic honors, awards or special achievements:			
3. SKILLS Please list any skills you have that are appropriate for the position you are applying t	for:		
If required, w ill you w ork? Rotating Shifts □ YES □ NO Saturdays □ YES □ NO Overtime □ YES □ NO Sundays □ YES □ NO		J CAN START	//
How many hours do you prefer to work each week?			
What is the minimum hours you will work each week?			
What is the maximum hours you will work each week?			
Do you need specific days off (for s chool, other job, etc)? State fully w hy you believe you are qualified for this position			
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INTERESTS/ACCOMPLISHMENTS: You may wish to list significant experience, int as a volunteer or as a hobbyist that may be useful in the position(s) you are seeking		shments gained	w hile w orking

least the past FOUR en		AREA CODE	TELEPHONE		
STREET ADDRESS	CITY	STATE	ZIP	<u>SALARY</u> BEGIN \$ END \$	EMPLOYED FROM TO MO/YR MO/Y
				REASON FOR	LEAVING:
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR	POSITION		
MAY WE CONTACT THIS INDIVID	UAL 🗆 YES 🗆 NO				
LIST JOBS HELD, DUTIES PERFO	DRMED, SKILLS USED, & PROMOT	IONS WHILE EMPLOYED AT THI	S COMPANY:		
FULL NAME OF COMPANY		AREA CODE	TELEPHONE	SALARY	EMPLOYED
STREET ADDRESS	CITY	STATE	ZIP	BEGIN \$ END \$	FROM TO MO/YR MO/Y
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR	POSITION	REASON FOR	LEAVING:
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READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information that may, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature_____