

INSTRUCTIONS:

1. Download application to your computer
2. Open with Acrobat or any pdf viewer
3. Complete all fields
4. Sign, date and save to your computer
5. Email as an attachment to:
director.SEAonline@gmail.com

You may also print the form, write your answers in, and mail a copy to SEA, 9855 Erma Rd #128, San Diego 92131
Questions? Please call Theresa 858.693.3702



1: PERSONAL

NAME (LAST)	FIRST	MIDDLE)	TELEPHONE
ADDRESS			() ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE YOUR AGE
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY)		DATE OF LAST PHYSICAL EXAMINATION	DATE OF LAST TB TEST
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST ALL NAMES USED.			
DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CDL NUMBER	IF YES, PLEASE EXPLAIN ON BACK OF FORM.		
NEAREST LIVING RELATIVE — NAME:	TELEPHONE NUMBER	RELATIONSHIP	
ADDRESS			

2. POSITION

TITLE	SALARY	HRS	DATE OF EMPLOYMENT
NAME OF SUPERVISOR			

3 PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is needed, please attach a separate page.)

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO

4. EDUCATION

CHECK HIGHEST YEAR COMPLETED	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE?
6 7 8 9 10 11 12		<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE EXPECTED COMPLETION DATE

EMPLOYMENT — RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

