



TAPESTRY FAMILY SERVICES

Office – 290 East Gobbi Street, Ukiah, CA 95482 ❖ Tel (707) 463-3300 ❖ Fax (707) 463-3318 ❖ info@tapestryfs.org

1. Personal					Date:		
Name: Last		First		Middle	Telephone number		
Street Address:			Email Address:		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please state your age: ___		
City:	State:	Zip:					
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 CDL Number:				Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain on back of form			
Nearest living relative – name				Telephone number		Relationship	
Address							
2. Position for which you are applying:							
3. Education							
Check highest year completed 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>			Diploma	Currently enrolled in high school completion course? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes give expected completion date.			
Name of University, College or Business School and address		Major Subject	Number of years completed	Number of units completed	Diploma Degree or Certificate	Date completed	
Other employment-related course work (in addition to programs listed above)							
Course title		Name of school or organization and address			Number of units completed	Date completed	Currently enrolled



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4. Professional and technical qualifications

A. List licenses or Certificates of Competence held:

B. Names of Professional Associations of which you are a member:

5. Previous Employment (List most recent experience first. If additional space is needed, please attach your resume or a separate page)

Name and address of employer	Telephone number	Job title and type of work	Reason for leaving	Dates (month/year)	
				From	To

6. Professional References – Please include your three most recent Supervisors

Name	Relationship (professional only)	Length of relationship	Work phone	Home phone

Notes:

(Please attach additional page if more space is needed)

My signature below gives Tapestry Family Services permission to obtain employment and related information from the references that I have listed. My signature also indicates that all of the information provided on this application is true and correct and gives Tapestry permission to verify this information as necessary.

Signature:

Date: