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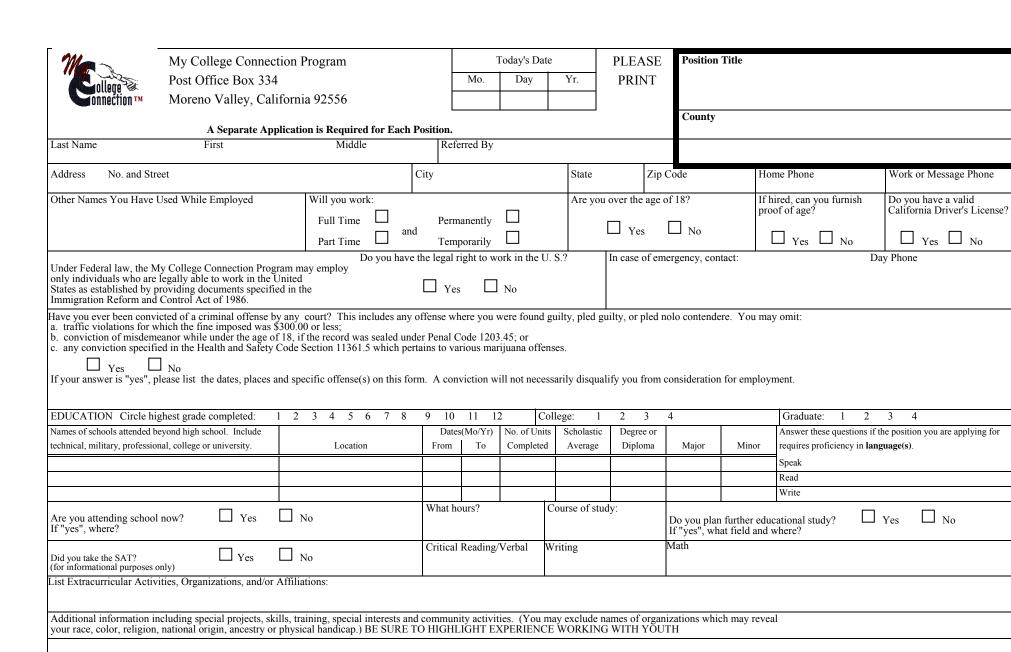
mycollegeconnection@hotmail.com or mclowneymycc@aol.com www.mycollegeconnection.org

APPLICANT SURVEY

Please complete for each job opening. A part of the application process for all positions with the My College Connection Program is the Applicant Survey. Providing this data is voluntary; it will be kept confidential. Choosing not to complete this form will not affect your opportunity for employment with the My College Connection Program.

(City)	(State)	(Zip)
Cell:		_
ortunity Data		
re racial/ethnic categories are	applicable, choose t	he one category wi
	Cell:	(City) (State) Cell: prtunity Data re racial/ethnic categories are applicable, choose t

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Retain in Human Resources 3 years (8/99)

Dates (Mo./Yr.)	Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	and include U. S. Armed Forces experience and major volunteer experience. Account for all time during at least the past ten years, including periods of izations which may reveal your race, color, religion, national origin or ancestry.) Describe senior project, M.A., M.S., or Ph.D. thesis if appropriate. Firm Name, Address and Telephone Number		
om:	115./1005.	Type of Business	Duties Performed:		
:	_	Position Title			
	No. Hrs. Per Week	Your Immediate Supervisor			
		Reason for Leaving			
		May we contact your current employer?			
Dates (Mo./Yr.)	Total No. Yrs./Mos.	Firm Name, Address and Telephone Number			
rom:		Type of Business	Duties Performed:		
0:		Position Title			
	No. Hrs. Per Week	Your Immediate Supervisor			
		Reason for Leaving			
	Total No.	Firm Name, Address and Telephone Number			
Dates (Mo./Yr.)	Yrs./Mos.				
From:		Type of Business	Duties Performed:		
To:		Position Title			
	No. Hrs. Per Week	Your Immediate Supervisor			
		Reason for Leaving			
Dates (Mo./Yr.)	Total No. Yrs./Mos.	Firm Name, Address and Telephone Number			
From:		Type of Business	Duties Performed:		

To:			Position Title	
	No Per	. Hrs. Week	Your Immediate Supervisor	
			Reason for Leaving	
OTHER EXPERIENCE:	Tota	al No. /Mos.	Firm Name, Address and Telephone Number	
Dates (Mo./Yr.) From:	Y rs.	Mos.	Type of Business	Duties Performed:
То:			Position Title	
	No.	. Hrs. Week	Your Immediate Supervisor	
	101	WCCK	Reason for Leaving	
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Dates (Mo./Yr.)	Tota	al No. /Mos.	Firm Name, Address and Telephone Number	
From:	115.	./IVIOS.	Type of Business	Duties Performed:
To:			Position Title	
	No. Per	. Hrs. Week	Your Immediate Supervisor	
	101		Reason for Leaving	
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