

# Employment Application



909 – 12<sup>th</sup> Street, Suite 200  
Sacramento, CA 95814  
916-447-7063 fax 916-447-7052  
www.communitycouncil.org

community services  
planning council

**Please Print or Type**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Daytime Telephone \_\_\_\_\_ Message Telephone \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip

Permanent Address if different from present address

\_\_\_\_\_   
No. Street City State Zip

## Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?  Yes  No Regular part-time work?  Yes  No

Temporary work, e.g., summer or holiday work?  Yes  No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends?  Yes  No

Are you available for work in the evening?  Yes  No

Would you be available to work overtime, if necessary?  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

## Personal Information

Have you ever applied to or worked for the Community Services Planning Council before?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for the Community Services Planning Council?  Yes  No

If yes, state name(s) and relationship \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old?  Yes  No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying?  Yes  No

If no, describe the functions that cannot be performed \_\_\_\_\_

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)

**CONVICTIONS** --- Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements.

1. Have you ever been convicted by any court of an offense?  Yes  No

*OMIT:* a. Minor traffic violations

b. Any offense committed prior to your 18<sup>th</sup> birthday which was finally adjudicated in a Juvenile court or under a youth offender law.

c. Any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45

2. If "YES," State WHAT OFFENSE, WHEN, WHERE and DISPOSITION OF CASE.

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## Education, Training and Experience

School	Name and Address	Dates/Years Attended	Did you graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Some of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?      Yes       No

If yes, which language(s)? \_\_\_\_\_

## References

List below three persons not related to you who have knowledge of you work performance within the last three years.

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

## Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Monthly Pay \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Monthly Pay \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History continued

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Monthly Pay \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Monthly Pay \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Attach additional page(s) if necessary.**

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
initial

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
initial

I hereby authorize the company to thoroughly investigate my references, work record, have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
initial

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on this company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_