

Position(s) Applied for

## Calaveras APPLICATION FOR EMPLOYMENT

Date of Application

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

• • • •		• •				
Print Name (Last, First, & Mi	ddle)					
Street Address	City	S	State	Zip Code		
Main Phone Number	Email	Email				
_		•				
EMPLOYMENT EXPERIENCE						
Please list the names of your p	present or previous employers	in chronological orde	er with pre	sent or n	nost recent employer	
listed first. Be sure to account	for all periods of time. If self-en	mployed, give firm na	ame and su	pply bus	iness references. Add	
additional page if necessary.						
Name of Employer		Supervisor		May we contact?		
				☐ Yes ☐ No		
Street Address			L			
Phone Number		Dates Employed (Month/Year)				
	From		То			
Job Title and Duties	Reason for Leaving					
		1				
Name of Employer	Supervisor		May we contact?			
				□ Yes □	□ No	
Street Address						

Phone Number	Dates Employed (Month/Year)			
	From	То		
Job Title and Duties	Reason for Leaving			
	- <u> </u>			
Name of Employer	Supervisor	May we contact?		
		☐ Yes ☐ No		
Street Address				
Phone Number	Dates Employed (Month/	/Year)		
	From	То		
Job Title and Duties	Reason for Leaving			
L				
Have you ever been involuntarily terminated or asked to re	sign from any job?	□ Yes □ No		
If yes, please explain				
ir yes, piease explain				
Please explain any gaps in your employment history:				

	other experience, job re in evaluating your quali			, or other	qualifications t	hat you believe should	
be considered	in evaluating your quan	ilcations for empi	oyment.				
EDUCATION							
Please describ	e your educational back	ground in the tab		ow.		l	
	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area o	Study/Major	Specialized Training, Skills, or Extra- Curricular Activities	
High School							
College/ University							
Graduate/ Professional School							
Trade School							
Other							
RUSINESS AND P	ROFESSIONAL REFERENCES	I					
	e professional reference	es of individuals w	vho are <b>not</b> rela	ted to you	J.		
Name and Tit	ile	Relationship	Relationship		Phone Number or Email		
PERSONAL REFER	RENCES						
	e people who know you	ı well.					
Name and Title		Relationship a	Relationship and Years Acquainted		Phone Number or Email		

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GENERA	AL INFORMATION								
1.	Have you ever used another name? ☐ Yes ☐ No								
2.	Is any additional information relative to name changes, use of an assumed name, or nickname necessary to								
	enable a chec	k on your work	and educationa	l record?			□ Yes □ No		
	a. If yes to either of the above, please explain:								
2	Have you eve	r warkad far thi	s company hofo	aro?			□ Vos □ No		
Э.	3. Have you ever worked for this company before? ☐ Yes ☐ No								
_	a. If yes, please give dates and position:								
4.	, , , , , , , , , , , , , , , , , , ,								
	a. If yes, name(s) and relationship(s):								
5.	5. On what date are you available to begin work?								
6.	Days/Hours a	vailable to work	:						
-	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
7.	7. Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary								
8.	8. Minimum salary required:Per Hour \$ Per Month \$								
9. If hired, would you have a reliable means of transportation to and from work? $\square$ Yes $\square$ No									
10	10. Can you travel if the position requires it?□ Yes □ No								
11	11. Can you relocate if the position requires it? $\square$ Yes $\square$ No								
12	12. Are you at least 18 years old? □ Yes □ No								
	a. Note:	If under 18, hire	e is subject to v	erification that	you are of minii	mum legal age.			
13	13. If hired, can you present evidence of your identity and legal right to work in this country? $\Box$ Yes $\Box$ No								
14	. Are you able t	o perform the e	essential job fun	nctions of the jo	b for which you	are applying w	ith or without		
	reasonable ac	commodation?					□ Yes □ No		
	a. Note:	We comply wit	h the ADA and o	consider reason	able accommod	dation measures	s that may be		

 $necessary\ for\ qualified\ applicants/employees\ to\ perform\ essential\ job\ functions.$ 

## **APPLICANT STATEMENT AND AGREEMENT** Please read and initial each paragraph below. If there is anything that you do not understand, please ask. I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior 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. In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company. \_ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. \_ I hereby certify 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. I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. \_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable. MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE **ABOVE TERMS.**

**Legal Disclaimer:** This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.

Name (print): \_\_\_\_\_\_ Date: \_\_\_\_\_