

Office use only:			
Date received:			
Received by:			
Applicant #:			

# **Application for Employment**

Please print or type and fill out completely.

A <u>separate</u> application <u>must</u> be submitted for <u>each</u> position you are applying for.

If you need accommodation to complete the application, please inquire.

	Position applying fo	r:					
1.	Name:				Date:		
	_	First	Middle	Last			
2.	Mailing Address:						
		Street/Apt. #	or PO Box	City	State	Zip	
					*May we contact		
3.	Telephone #'s:			*** 1 //	you at work? _	Yes	No
		Residence	Cell	Work*			
4.	Have you read the Jo	ob Announcement for	the position for which	h you are applying	?	Yes	No
	=	et the minimum requi	=		<del>-</del>	Yes	— No
	-	perform the job duties	=	=	ble accommodation?	Yes	— No
5.	How did you learn o	of this job?					
	Posted Ann	nouncement	Newspap	er	Which newspaper?		
	Word of m		Website		Which website?		
	A-TCAA v	valk-ın	EDD		Other:		
6.	If you are hired, can	you provide verificat	ion of your legal right	to work in the Un	ited States?	Yes	No
7.	Are you at least 18 y	years of age?				Yes	No
	If you are under the	age of 18, can you fur	rnish a work permit if	hired?		Yes	No
8.	Have you ever been	employed by A-TCA	A before?			Yes	No
	If yes, give date you	r employment ended:					
9.	Are you now, or have	ve you previously been	n a Head Start parent	served by A-TCAA	Λ?	Yes	No
0.	Do any of your frien	nds or relatives work f	for A-TCAA?		_	Yes _	No
	If yes, indicate name	e(s) and relationship(s	s):				
1.	Have you ever been	terminated or asked t	o resign from any job	?	_	Yes	No
	If yes, please explain	n circumstances:					
2.	How many days of v	work have you missed	l in the last three years	s due to reasons oth	ner than paid holidays and	vacation?	
	Year	# of days	Year	# of days	Year	# of d	avs



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13. Are you on lay-off and subject to recall?			Yes 1	Nο
14. If required by the job, do you have a valid California Driver	Yes N			
For insurance purposes, are you under age 21?				
ADDITIONAL BACKGROUND  The following section must be completed. In addition, you may a your qualifications.	attach a resume or other	relevant documentation t	to further describ	e
15. Is a resume attached?		_	Yes N	No
16. List High Schools, Universities or colleges you have attended	d.	I	T	
Name/Location	Diploma/Degree	Course of study/Major	Major/degree earned	;
17. Indicate any specialized training, apprenticeships, or worksho	ops attended.			
Name/Location	Description	Duration	Certificate/Licer	nse
18. Comment on other experience or skills which you feel qualif	y you for this position.	l		



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### PREVIOUS EMPLOYMENT EXPERIENCE AND REFERENCES

19. List all positions held within the last 10 years, including volunteer or military service, beginning with your most recent experience. Add additional page if necessary.

Dotag of					
Dates of Employment:					
Employment.	From	То	Title	Supervisor	Reason for Leaving
	(month/year)	(month/year)	THE	5upci (1501	Reason for Leaving
	(month, jour,	(month jour)			
Name & Addres	s of Current or I	ast Employer:			Γelephone #:
1141110 60 1 1441 5	o or current or 2				
Duties Performe	ed:				
Dates of					
Employment:					
	From	То	Title	Supervisor	Reason for Leaving
	(month/year)	(month/year)			
Name & Addres	s of Current or L	Last Employer:			Γelephone #:
D .: D .:	1				
Duties Performe	ed:				
-					
Dates of					
	Fire	T.	T'1-	Si	Decree Can Leaving
	From	To (month/year)	Title	Supervisor	Reason for Leaving
	From (month/year)	To (month/year)	Title	Supervisor	Reason for Leaving
Employment:	(month/year)	(month/year)		•	-
	(month/year)	(month/year)		•	Reason for Leaving    Celephone #:
Employment:  Name & Addres	(month/year) s of Current or L	(month/year)		•	-
Employment:	(month/year) s of Current or L	(month/year)		•	-
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Employment:  Name & Addres	(month/year) s of Current or L	(month/year)		•	-
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Employment:  Name & Addres  Duties Performe  Dates of	(month/year) s of Current or L	(month/year)		•	•
Employment:  Name & Addres  Duties Performe	(month/year) s of Current or L	(month/year)			Γelephone #:
Employment:  Name & Addres  Duties Performe  Dates of	(month/year) s of Current or L	(month/year)  _ast Employer:		•	•
Employment:  Name & Addres  Duties Performe  Dates of	(month/year) ss of Current or L sd: From	(month/year)  _ast Employer:  To			Γelephone #:
Employment:  Name & Addres  Duties Performe  Dates of  Employment:	(month/year) s of Current or L d: From (month/year)	(month/year)  _ast Employer:  To (month/year)	Title	Supervisor	Reason for Leaving
Employment:  Name & Addres  Duties Performe  Dates of	(month/year) s of Current or L d: From (month/year)	(month/year)  _ast Employer:  To (month/year)	Title	Supervisor	Γelephone #:
Employment:  Name & Addres  Duties Performe  Dates of  Employment:	(month/year) s of Current or L d: From (month/year) s of Current or L	(month/year)  _ast Employer:  To (month/year)	Title	Supervisor	Reason for Leaving



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20. Explain all gaps between employment periods:		
21. List names of three persons, as personal or business references, not re previous supervisors:	lated to you or living in your househo	ld, who are not
Name & Address	Phone/Fax/Email	# years known
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
22. Why would you like to work in this ATCAA position?		



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## APPLICANT AGREEMENT

Please	read and initial each paragraph. Sign below.
1.	I certify that all the information I have provided on the application is true, complete and accurate. I understand that any omissions, including failing to reveal any prior employment I have had within the past ten years, or false statements in this application or in any subsequent interviews may result in rejection of this application or in my immediate termination if I am hired, regardless of when such omissions or false statements are discovered.
2.	I authorize ATCAA to obtain information from my references regarding educational record, job performance, job status, community involvement and any other employment related information. I authorize schools, employer and any personal references I have listed to release information about me upon request by ATCAA, regardless of any prior agreement to the contrary I may have made.
3.	Nothing in this application is intended to create an employment contract or agreement for employment unless I an hired by ATCAA. I understand that if I am hired by ATCAA, all the provisions contained in this application fo employment will be part of the employment arrangement between ATCAA and myself, and are binding on me.
4.	I understand that if I am employed, my employment is at-will, for no specific period of time and may be terminated by ATCAA or myself at any time, with or without cause, and with or without prior notice. No representative of ATCAA has made any promises or other statements to me implying that, if I am hired, I will be employed under any terms other than what is stated above. If a monthly or yearly salary has been or is mentioned to me, it is only used for convenience and does not change the fact that employment can be terminated at any time.
5.	I understand that I will be considered only for the specific position listed on this application form. I understand that I must submit a new application if I desire to be considered for another available position or for any position after the expiration date of this application.
6.	I understand that ATCAA is an Equal Opportunity Employer and does not discriminate on the basis of race religion, color, age, sex, national origin, citizenship, marital status or disability. If requested ATCAA can supply additional information about the Federal Americans with Disabilities Act (ADA) reasonable accommodation and other employment-related issues.
7.	I understand that employment may be subject to the applicant's satisfactory completion of a medical examination and fingerprint clearance.
8.	I understand that the above terms cannot be changed except in a written document signed by the ATCAA Executive Director and myself.
Applic	ant's Signature: Date:

You will be required to bring original application with original signature if selected for interview.



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### AFFIRMATIVE ACTION SURVEY

Our government funding agencies require periodic reports on the sex, ethnicity, disability and veteran status of job applicants. This data is for analysis and affirmative action only. Submission of information is voluntary. This form will be removed by A-TCAA's Personnel Department prior to the Screening Committee review of applications.

POSITION APPLIED FOR:			
	(	) MALE ( )	FEMALE
60 OR OLDER:	(	YES ( )	NO
RACE/ETHNIC GROUP:			
	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<ul> <li>White/Caucasian</li> <li>African America</li> <li>Hispanic</li> <li>American Indian</li> <li>Asian / Pacific Is</li> </ul>	n / Alaskan Native
CHECK IF THE FOLLOWI	NG	ARE APPLICABLE:	
	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<ul> <li>Disabled Vietnan</li> <li>Vietnam Era Vet</li> <li>Disabled Individ</li> <li>Single Parent / H</li> <li>Non-English Spet</li> </ul>	teran ual Iead of Household