

Alameda Family Services

Application for Employment

We consider applicants for employment without regard to race, color, age, religion, gender, national origin, disability, marital or veteran status sexual orientation, medical condition or the conditions of Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC).

PLEASE PRINT

Position(s) Applied For:	Date of Application
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How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address		
Telephone Number(s)	E-mail Address:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If yes, give date(s). _____ Yes No

Have you ever been employed with us before? If yes, give date(s). _____ Yes No

Do you have friends or relatives working for the Agency? Yes No

If yes, state name(s) and relationship(s): _____

Are you currently employed? Yes No *If yes, may we contact your present employer?* Yes No

Can you travel if the job requires it? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? *Proof of citizenship or immigration status will be required upon employment* Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Have you been convicted of a felony within the last seven years? Yes No

(Convictions for marijuana-related offenses that are more than two years old need not be listed)

If yes, state the nature of the crime (s), when and where convicted and disposition of the case(s):

Conviction will not necessarily disqualify you from employment.

If yes for child care positions, please see addendum on last page.

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name			
Address			
Phone Number(s)			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

Describe any specialized training, apprenticeship, additional schooling and skills you feel may be helpful to us in considering your application

Have you had any job related training in the United States Military? Yes No If yes, please describe. _____

Indicate any languages other than English that you can speak, read or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal race, religion, gender, national origin, age, ancestry, handicap or other protected status.

Other name(s) under which employment may be verified: _____

Professional References

List below three persons, not related to you who have supervised you (preferred) or have knowledge of your work performance within the last three years:

1	Name	Occupation
	Address	Telephone Number
	Work Relationship	Number of Years Acquainted

2	Name	Occupation
	Address	Telephone Number
	Work Relationship	Number of Years Acquainted

3	Name	Occupation
	Address	Telephone Number
	Work Relationship	Number of Years Acquainted

May Human Resources call your professional references:

Yes

No

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments

Employer	From	To
Address		
Telephone Number(s)		
Job Title		
Supervisor		
Work Performed		
Reason For Leaving		
Employer	From	To
Address		
Telephone Number(s)		
Job Title		
Supervisor		
Work Performed		
Reason For Leaving		
Employer	From	To
Address		
Telephone Number(s)		
Job Title		
Supervisor		
Work Performed		
Reason For Leaving		

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND ASK QUESTIONS IF YOU NEED CLARIFICATION BEFORE YOU SIGN THIS APPLICATION.

I authorize investigation and verification of all statements contained in this application. I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge and I understand that any material that is a misrepresentation or omission of fact may be cause for dismissal. I further understand and agree that, if hired, my employment is for no specific period of time and may be terminated at any time by myself or AFS. I further understand that the "at will" nature of employment with AFS is one aspect that cannot be changed except by specific written exception by the Executive Director of Alameda Family Services.

Signature _____

Date _____

Employment Data Record

Government agencies at times require periodic reports on ethnicity, gender, handicap, veteran and other protected status of employees. Although SUBMISSION OF THIS INFORMATION IS VOLUNTARY, it is greatly appreciated for reporting purposes.

Birth Date:

Gender: _____

Ethnicity:

Part I:

Are you Hispanic or Latino? Yes No

If your answer to this question is no, or you wish to decline, please proceed to Part II.

Part II:

Please identify yourself by selecting one category below. If you belong to more than one category, please select 'two or more races.'

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or More Races - All persons who identify with more than one of the above five races |
| <input type="checkbox"/> White | <input type="checkbox"/> Decline |

Veteran Status:

- | | |
|---|---|
| <input type="checkbox"/> Vietnam Veteran | <input type="checkbox"/> Recently Separated Veteran |
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Other Protected Veteran |

Disabled Individual:

- Yes No

Alameda Family Services

Addendum to Application for Employment Child Care Positions

Name: _____ Social Security Number: _____ --- _____ --- _____

Section 231 of the Crimes Control Act of 1990, Public Law 101-647, requires that employment applications for child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

To ensure compliance with the above laws, the following questions are added to the application for employment.

Responding "Yes" to either of the following questions constitutes reason to consider you ineligible for employment at Alameda Family Services.

1) Have you ever been arrested for or charged with a crime involving a child? (If "yes", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and name and address of the police department or court involved.) Yes: _____ No: _____

2) Have you ever been found guilty, or entered a plea of nolo contendere (no Contest) or guilty to any offense under Federal, State or Tribal Law involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, or crimes against persons? (If "yes", provide the date, explanation of the violation, disposition of the charge, place of occurrence, and the name and address of the police department or court involved.) Yes: _____ No: _____

I certify that (1) my response to these questions is made under the penalty of perjury which is punishable by fines up to \$2000 or Five (5) years imprisonment, or both; and (2) I have received a notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to Alameda Family Services and my right to challenge the accuracy and completeness of any information obtained in the report.

Applicant/ Employee Signature

Date