Community Action Partnership
Helping People. Changing Lives.

Community Action Partnership of Orange County

APPLICATION FOR EMPLOYMENT

WE APPRECIATE YOUR INTEREST IN OUR ORGANIZATION AND ASSURE YOU THAT WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL HELP US EVALUATE YOUR QUALIFICATIONS FOR EMPLOYMENT.

PERSONAL

LAST NAME | FIRST NAME | INITIAL | DATE

PERMANENT ADDRESS | CITY | STATE | ZIP | TELEPHONE

EMAIL ADDRESS

ARE YOU LESS THAN 18 YEARS OF AGE? ☐ YES ☐ NO

IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? ☐ YES ☐ NO

NAME OF FRIENDS OR RELATIVES EMPLOYED IN THIS ORGANIZATION:

HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? ☐ YES ☐ NO

IF YES, GIVE DATE AND POSITION APPLIED FOR:

HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? ☐ YES ☐ NO

IF YES, PLEASE GIVE DATES OF EMPLOYMENT:

ARE YOU WILLING TO WORK OVERTIME, OR FLEXIBLE WORK SCHEDULE? ☐ YES ☐ NO

CAN YOU, WITH OR WITHOUT REASONABLE ACCOMODATION, PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH YOU ARE APPLYING? ☐ YES ☐ NO

IF NO, PLEASE EXPLAIN:

IN CASE OF EMERGENCY NOTIFY:

NAME: | ADDRESS: | PHONE NO:

EMPLOYMENT INTERESTS

POSITION DESIRED OR AREA OF INTEREST: | SECOND CHOICE: | DATE AVAILABLE | SALARY EXPECTED

TYPE OF EMPLOYMENT YOU ARE SEEKING: ☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ SUMMER

SHIFTS YOU CAN WORK: ☐ DAY ☐ SWING ☐ NIGHT

HOW WERE YOU REFERRED TO OUR ORGANIZATION? ☐ ADVERTISEMENT ☐ OTHER COMPANY ☐ AGENCY ☐ EDD ☐ EMPLOYEE ☐ SCHOOL ☐ SELF ☐ OTHER

NAME OF REFERRAL SOURCE:

EDUCATION/U.S. MILITARY SERVICE

SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				

HONORS OR AWARDS RECEIVED:

PROFESSIONAL CERTIFICATES OR LICENSES HELD:

ARE YOU TAKING ANY EDUCATIONAL COURSE PRESENTLY? IF YES, WHAT AND WHERE? ☐ YES ☐ NO

PRESENT COMMUNITY AND PROFESSIONAL AFFILIATIONS: OFFICES HELD:

(YOU MAY EXCLUDE AFFILIATIONS WHICH MAY INDICATE RACE, COLOR, ANCESTRY, SEX, HANDICAP, RELIGION, AGE OR NATIONAL ORIGIN.)

U.S. MILITARY DUTIES AND SPECIAL TRAINING WHICH YOU BELIEVE ARE RELEVANT TO THE POSITION(S) DESIRED:

REFERENCES

LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)	TELEPHONE	OCCUPATION	YEARS KNOWN
NAME ADDRESS CITY STATE ZIP			

EMPLOYMENT HISTORY

GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST, SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND DATES AND COMMENT ON EACH PERIOD, INCLUDE PART TIME OR SUMMER WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION.

COMPANY NAME (CURRENT OR LAST)	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH /YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	REASON FOR LEAVING?
DESCRIPTION OF DUTIES:			
			MAY WE CONTACT THIS EMPLOYER? YES NO
COMPANY NAME	ADDRESS	TELEPHONE:	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	REASON FOR LEAVING?
DESCRIPTION OF DUTIES:			
			MAY WE CONTACT THIS EMPLOYER? YES NO
COMPANY NAME	ADDRESS	TELEPHONE:	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	REASON FOR LEAVING?
DESCRIPTION OF DUTIES:			
			MAY WE CONTACT THIS EMPLOYER? YES NO

ACKNOWLEDGEMENT

1. I understand that prior to finalization of any offer of employment regarding certain job positions, the company may condition the offer of employment on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form, and to submit to a medical examination and/or drug and alcohol screen should the employer condition my offer of employment upon successful completion of such an examination or screening.

2. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to immediate dismissal.

3. I authorize my employer to make any investigation allowed by law which my employer deems necessary for employment consideration and promotion within the organization.

4. I understand that this employment application and any offer of employment are not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed, and such employment will be terminable at will for any reason either by myself or my employer upon notice of one party to the other. This at will aspect of my employment cannot be changed, waived or modified except by an express provision in an individual written employment contract signed by me and the employer's President.

5. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to my employer, or its products, customers, employees, plans or procedures. I agree to deliver to my employer any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon my employer's request. I also agree not to solicit employees of my employer either during or for one year after employment to leave this employer and commence work with another Company.

6. I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supercede and replace any prior understandings or discussion I have had with my employer and set forth the complete agreement between me and my employer regarding these matters.

Date _____ **Signature** _____

OPTIONAL INFORMATION

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are considered during the employment process without regard to race, color, religion, sex, national origin, age, marital, veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us to comply with government record keeping, reporting and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential File separate from the Application for Employment.

Date _____

(PLEASE PRINT)

Position(s) Applied for _____

Referral Source:

☐ Advertisement ☐ Friend/Relative ☐ Flyer ☐ Walk-In

☐ Employment Development Department ☐ Other_____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: ☐ Male ☐ Female **Ages:** ☐ 18-21
☐ 22-32
☐ 33-39
☐ 40- +

Check one of the following – Race/Ethnic Group:

☐ Hispanic or Latino (of any race) ☐ Black or African American ☐ Asian ☐ White

☐ American Indian and Alaska Native ☐ Native Hawaiian and Other Pacific Islander

☐ Some other race ☐ Two or more races

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Disabled individual

Print Form

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