

# The Resource Connection

Engaging Families - Empowering Communities - Enriching Lives

## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question of this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

**Please print legibly. Use black or blue ink only.**

**Position applied for** \_\_\_\_\_ **When will you be available for work?** \_\_\_\_\_

|  |       |                |                |
|--|-------|----------------|----------------|
| Name:  |       |                |                |
| Last   | First | Middle Initial |                |
| Address (residence)<br>Number/Street         |       | City           | State Zip code |
| Address (mailing)<br>Number/Street /P.O. Box |       | City           | State Zip code |
| Home Phone:                                  |       | Message Phone: |                |

Have you ever been employed by the Resource Connection? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? \_\_\_\_\_ 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.)

Do you have any friends or relatives working for the Resource Connection? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) \_\_\_\_\_ Yes \_\_\_\_\_ No

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

(Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.)

**How were you referred to the Resource Connection?** \_\_\_\_\_

### Education & Training

**Check appropriate box if you possess one of the following:**

High School Diploma     GED Certificate     California High School Proficiency Certificate

| College, business/trade schools, special education:<br>Name and Location | Course of study/major | Units Completed | Date Degree/<br>Certificate awarded | Type Degree/<br>Certificate |
|--|-----------------------|-----------------|-------------------------------------|-----------------------------|
|  |                       |                 |                                     |                             |
|  |                       |                 |                                     |                             |
|  |                       |                 |                                     |                             |

**Other Skills and Qualifications**

Summarize any job related training, skills, licenses, certificates and/or qualifications (include First Aid and CPR training):

|  |
|--|
|  |
|  |

**Employment History**

List your work record for the past 10 years, beginning with your most current experience. Include any volunteer and U.S. military service. Describe the work you did as completely as possible. Explain any gaps between employment periods. If more space is needed, use a separate sheet and attach.

|                         |                                  |                    |                               |
|-------------------------|----------------------------------|--------------------|-------------------------------|
| Dates<br>_____ to _____ | Employer                         | Title of Position  | # Employees supervised        |
| Hours per week          | Address      City      State/Zip | Name of Supervisor | Supervisor's Phone Number     |
| Salary: \$              | Duties:                          |                    |                               |
| Reason for leaving:     |                                  |                    |                               |
|                         |                                  |                    | May we contact for reference? |
| Dates<br>_____ to _____ | Employer                         | Title of Position  | # Employees supervised        |
| Hours per week          | Address      City      State/Zip | Name of Supervisor | Supervisor's Phone Number     |
| Salary: \$              | Duties:                          |                    |                               |
| Reason for leaving:     |                                  |                    |                               |
|                         |                                  |                    | May we contact for reference? |
| Dates<br>_____ to _____ | Employer                         | Title of Position  | # Employees supervised        |
| Hours per week          | Address      City      State/Zip | Name of Supervisor | Supervisor's Phone Number     |
| Salary: \$              | Duties:                          |                    |                               |
| Reason for leaving:     |                                  |                    |                               |
|                         |                                  |                    | May we contact for reference? |

**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances of 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 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 hereby authorize the Resource Connection to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. In addition, I hereby release the Resource Connection my former employers and all other person, 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.

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

Applicant Signature

Date

**The Resource Connection PO Box 919 San Andreas, CA 95249 (209) 754-3114 Fax (209) 754-4014**