



EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

3434 Marconi Avenue, Sacramento, CA 95821

Phone (916) 265-3400 Fax (916)442-1861

Position(s) Applied For		Date of Application
How Did You Learn About Us? (Circle)		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other _____

Last Name	First Name	Middle Name
Address	City	State
		Zip Code
Telephone Number(s)	Social Security Number	

Are you at least 18 years old? (If under 18, work permit will be required and hire is subject to verification that you are of minimum legal age.) Yes or No

If hired, would you have a reliable means of transportation to and from work? Yes or No

Have you ever been employed with us before? Yes or No

Are you available to work: Full Time Part Time On Call Temporary
If Yes, give date _____

If hired when would you be available to start? _____

If hired with us, and your new job duties require you to drive either a company vehicle or your own personal vehicle, do you authorize us to obtain a record from the Department of Motor Vehicles to provide our insurance broker and carrier?..... Yes or No

Have you ever been convicted by a court of a felony ?..... Yes or No

Have you ever been convicted by a court of a misdemeanor ?..... Yes or No

If yes, state nature of the crime(s), when and where convicted and disposition of the case. **(Failure to disclose on the application may eliminate you from the interview process.)** _____

CONVICTIONS: All job classifications require a fingerprinting check as verification. You may omit: a) Traffic violations (Driving Under the Influence convictions **must** be reported); b) Any conviction committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law; c) Any incident sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45. Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements.

FAILURE TO LIST CONVICTIONS MAY RESULT IN TERMINATION FROM EMPLOYMENT.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... Yes or No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for the eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and job related activities.

Describe any job-related training received in the United States Military.

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

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Address	Phone	Occupation	Years Known

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		DATE EMPLOYED		Job Duties
		From	To	
Address				
Telephone Number(s)	Job Title	HOURLY RATE/SALARY		
		Starting	Final	
Supervisor	May We Contact? Yes or No			
Reason For Leaving				
Employer		DATE EMPLOYED		Job Duties
		From	To	
Address				
Telephone Number(s)	Job Title	HOURLY RATE/SALARY		
		Starting	Final	
Supervisor	May We Contact? Yes or No			
Reason For Leaving				
Employer		DATE EMPLOYED		Job Duties
		From	To	
Address				
Telephone Number(s)	Job Title	HOURLY RATE/SALARY		
		Starting	Final	
Supervisor	May We Contact? Yes or No			
Reason For Leaving				
Employer		DATE EMPLOYED		Job Duties
		From	To	
Address				
Telephone Number(s)	Job Title	HOURLY RATE/SALARY		
		Starting	Final	
Supervisor	May We Contact? Yes or No			
Reason For Leaving				

APPLICANT'S STATEMENT

I expressly authorize, without reservation, Volunteers of America Northern California & Northern Nevada (VOA), its representatives, employees or agents to contact and obtain information for all references (personal and professional), current/prior employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume or job interview. I hereby waive any rights I may have regarding VOA, its agents, employees and representatives. Further, an employment offer is contingent on VOA's approval of the results of a pre-employment screening method that may include any applicable physical, drug/alcohol screening, fingerprinting, criminal background check, or any combination of the screening methods thereof. Also, any offer is contingent on my being able to prove that I have the legal rights to work in the United States. I also understand that I am required to abide by all the rules, regulations and policies of VOA.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and VOA may discharge the employee at any time with or without cause. No expectancy to continue employment will be created irrespective of the length of service by the employee. It is further understood that this "at will" employment relationship cannot be changed by verbal agreement or written document, unless that document specifically changing the "at will" designation has been approved and signed by the President of Volunteers of America Northern California & Northern Nevada.

If in the normal course of my employment and the performance of my duties, I am required to drive VOA or personal vehicle, I agree, prior to my driving, that I must have and maintain: **1.)** – Current driver license; **2.)** – a good driving record that allows me to be insurable; and **3.)** – proof of current auto insurance.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I am aware that Volunteers of America is a religious agency and does not participate in State Unemployment or Disability Programs.

I certify that I understand the information and statements on this application are true and complete to the best of my knowledge. If employed by VOA, I agree that any misrepresentation on this application that is subsequently discovered will be cause for termination of my employment.

Signature of Applicant

Date

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY

The following information is being collected for Affirmative Action requirement *only*. It will be separated from your application for employment, and it will be kept completely confidential. Your assistance in providing this information is strictly voluntary.

NAME: _____ DATE: _____

JOB FOR WHICH YOU ARE APPLYING: _____ REFERRAL SOURCE: _____

GENDER: ___ Male ___ Female DATE OF BIRTH: _____

Explain any work restricting disability you may have: _____

ETHNIC BACKGROUND: _____ AMERICAN INDIAN or ALASKAN NATIVE _____ ASIAN _____ BLACK or AFRICAN AMERICAN _____ HISPANIC or LATINO _____ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____ WHITE

Vietnam Era Veteran: _____ Yes (Served between 08/05/64 and 05/07/75) _____ No

Disabled Veteran: _____ Yes (receives 30% military disability) _____ No