

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

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

Email humanresources@voa-ncnn.org

3434 Marconi Avenue, Sacramento, CA 95821

| | | | |
|---|------------|---------------------|----------|
| Position(s) Applied For | | Date of Application | |
| How Did You Learn About Us? (Circle or fill in) | | | |
| Advertisement | Friend | Walk-In | |
| Employment Agency | Relative | Other | _____ |
| Last Name | First Name | Middle Name | |
| Address | City | State | Zip Code |
| Telephone Number(s) | | Email | |

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

If Yes, give dates _____

Have you been a client of Volunteers of America NCNN within the past two (2) years? Yes or No

If Yes, give dates _____

Are you available to work (circle all that apply): Full Time Part Time On Call Temporary

If hired when would you be available to start? _____

If hired, and your new job duties require you to drive either a company vehicle or your own personal vehicle, do you agree to provide a record from the Department of Motor Vehicles?..... Yes or No

NOTE: All job classifications require a background check prior to employment. Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements.

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. _____

If accommodation is required to perform the essential functions of the job, please describe. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for the eligible applicants/employees to perform essential functions.)

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 | Did You Graduate | Number of Years Completed | Please list your Diploma or 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.

Professional 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 |
|------|---------|-------|------------|-------------|
| | | | | |
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| | | | | |

EMPLOYMENT EXPERIENCE

Start with your present or most recent 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. **Please fill-in completely (DO NOT WRITE SEE RESUME)**

| | | | |
|---------------------|---|----|------------|
| Employer | DATE EMPLOYED | | Job Duties |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Job Title | | |
| Supervisor | May We Contact? (circle one) Yes or No | | |
| Reason For Leaving | | | |

| | | | |
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| Supervisor | May We Contact? (circle one) Yes or No | | |
| Reason For Leaving | | | |

EMPLOYMENT APPLICATION ADDENDUM

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 for 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 on 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 Volunteers of America Northern California & Northern Nevada (VOA) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to VOA any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation and disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and VOA. In addition, I understand and agree that if I am employed, it is “*at will*”, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or VOA, and that no promises or representations contrary to the foregoing are binding on VOA, unless made in writing and signed by me and the company's authorized executive.

_____ I understand that pursuant to the California Penal Code 11105.3 and the Federal National Child Protection Act, Volunteers of America Northern California & Northern Nevada adhere to a practice of requesting criminal record information from all employees, prospective employees, and volunteers.

_____ I am aware that Volunteers of America Northern California & Northern Nevada is a religious agency and does not participate in State Unemployment, Disability, or other programs.

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(S) FOR WHICH YOU ARE APPLYING: _____

REFERRAL SOURCE: _____

GENDER: ___ Male ___ Female ___ Non-Binary ___ Other (please fill-in) _____

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 or CAUCASIAN

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

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