

### **EMPLOYMENT APPLICATION**

Please complete the entire application.

**Southside Community Connections** 

Groveland, California 95321

P. O. Box 63

2099627303

## 1. Employer Information

Employer: Address:

Telephone:

City/State/ZIP:

	It is the policy of Southside Community Connections to provide equal opportunities to all applicants and employees without regard to any lastatus such as race, color, religion, gender, national origin, age, disabstatus.	egally protected
2.	Applicant Information	
	Applicant Full Name:	
	Home Address:	
	City/State/ZIP:	
	Number of years at this address:	
	Daytime phone: Evening phone:	
	Mobile phone: Birth Date	
	Email address:	
	Social Security Number:	
	Driver's License (State/Number):	
3.	<b>Emergency Contact:</b>	
	Who should be contacted if you are involved in an emergency?  Contact Name:	
	Relationship to you:	
	Address:	
	City/State/ZIP:	
	Daytime phone: Evening phone:	



	Do you have any friends or relatives who work here? If yes, please list here:				
	Are you at least 18 years old?	Yes	No		
	Availability to work  If you are offered employment, when wou	ıld you be avail	able to begin work?		
	Proof of Eligibility If hired, are you able to submit proof that United States? Yes No	you are legally	eligible for employme	ent ir	
	Accommodations Needed  Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No				
	Are you able to perform the essential fund		•	th	
	Are you able to perform the essential fund	Yes	No	th 	
•	Are you able to perform the essential function without reasonable accommodation?	Yes	No	th —	
•	Are you able to perform the essential function or without reasonable accommodation?	would you requested	est?  t may be useful for the circle the number wh	— e job nich	
•	Are you able to perform the essential fund or without reasonable accommodation?	would you requested	est?  t may be useful for the circle the number wherepresents poor abilitience  Rating	— e job nich	
	Are you able to perform the essential function or without reasonable accommodation?  What reasonable accommodation, if any,  Applicant's Skills  Check those skills that you have. List any are seeking. Enter the number of years of corresponds to your ability for each particular five represents exceptional ability.)  Skill  Typing	would you requested other skills that experience, and the skill. (One	est?  t may be useful for the circle the number wherepresents poor abilitience  Rating 1 2 3 4 5	— e job nich	
	Are you able to perform the essential fund or without reasonable accommodation?  What reasonable accommodation, if any,  Applicant's Skills  Check those skills that you have. List any are seeking. Enter the number of years of corresponds to your ability for each partic five represents exceptional ability.)  Skill  Typing  Microsoft Office Suite (Word, Excel, etc.)	would you requested other skills that experience, and the skill. (One	t may be useful for the circle the number wherepresents poor abilitience  Rating 1 2 3 4 5 1 2 3 4 5	— e job nich	
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# 11. Applicant Employment History



List your current or most recent employment first. Please list last two jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment.

Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
College/University Name and Address
Did you receive a degree? Yes No
Did you receive a degree? Yes No
Did you receive a degree? Yes No If yes, degree(s) received:
Did you receive a degree? Yes No If yes, degree(s) received:  High School/GED Name and Address
Did you receive a degree? Yes No  If yes, degree(s) received:  High School/GED Name and Address  Did you receive a degree? Yes No

### 13. References



List any two non-relatives who would be willing to provide a reference for you.

Name:		
Address:		
City/State/ZIP:		
Telephone:		
Relationship:		
Name:		
City/State/ZIP:		
Telephone:		
Additional I	nformation:	
Please provide	any other information that you believe should be co	onsidered, including
-	e bound by any agreement with any current employe	_

## **CERTIFICATION**

**14.** 



I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Southside Community Connections to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Board President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Southside Community Connections, except in a specific written contract of employment signed on behalf of the organization by its Board President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOV AGREE TO ITS TERMS.	E CERTIFICATION AND I UNDERSTAND AND
APPLICANT SIGNATURE	DATE