

APPLICATION FOR EMPLOYMENT

APPLICATION MUST BE COMPLETED IN INK OR TYPEWRITTEN

- 1. Position applying for** _____
 (Show exact title - Separate application required for each position.)

2. Name _____
 (PRINT) LAST NAME FIRST MIDDLE

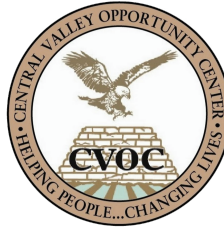
3. Address _____
 No. and Street Apt. No.

 City and State Zip Code

4. *Social Security No. _____ **Home Phone:** _____
Email: _____

* Use of your Social Security number is voluntary. Social Security numbers are used for identification purposes only.
 If you do not wish to use your Social Security number, we will assign you an identification number.

4A. Driver's Lic. No. _____ **Expires** _____
 MO DAY YR



CVOC

AN AFFIRMATIVE ACTION
EQUAL OPPORTUNITY EMPLOYER

**Corporate Office
Winton Center
P. O. Box 1389
Winton, CA 95388
(209) 357-0062**

APPLICATION ACCEPTANCE POLICY

A complete application is required for each exam. Every applicable blank must be filled to insure proper evaluation. In item #5: do not refer to resumes or previously submitted applications. Resumes are viewed as additional information and will not be used to ascertain minimum requirements.

DEPARTMENT USE ONLY

Received by: _____

Approved by: _____ Rejected by: _____

Reason:

NOTICES MAILED

A

V

R

5. EXPERIENCE

Experience - Be careful to include the following when filling in below spaces:

A. Show your last job first.

B. Use a separate block for each **job title** (even those with same employer)

(1) Show all experience applicable to position.

(2) Please use **additional** sheet if necessary to describe job duties.

(3) Keep in mind - your acceptance depends on the **completeness and applicability** of the information you show.

(4) Show **exact** Job Title and **specific** duties which **you** performed.

| | | |
|---|--|---|
| <div> <div>FROM</div> <div>Mo Day Yr</div> </div> <div> <div>TO</div> <div>Mo Day Yr</div> </div> | Your Present or Last Job Title: _____ Your Duties: _____ Supervisor: _____ | Employer's Name, Address and Phone: _____ _____ Reason for Leaving: _____ |
| <div> <div>FROM</div> <div>Mo Day Yr</div> </div> <div> <div>TO</div> <div>Mo Day Yr</div> </div> | Your Job Title: _____ Your Duties: _____ Supervisor: _____ | Employer's Name, Address and Phone: _____ _____ Reason for Leaving: _____ |
| <div> <div>FROM</div> <div>Mo Day Yr</div> </div> <div> <div>TO</div> <div>Mo Day Yr</div> </div> | Your Job Title: _____ Your Duties: _____ Supervisor: _____ | Employer's Name, Address and Phone: _____ _____ Reason for Leaving: _____ |
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| <div> <div>FROM</div> <div>Mo Day Yr</div> </div> <div> <div>TO</div> <div>Mo Day Yr</div> </div> | Your Job Title: _____ Your Duties: _____ Supervisor: _____ | Employer's Name, Address and Phone: _____ _____ Reason for Leaving: _____ |
| <div> <div>FROM</div> <div>Mo Day Yr</div> </div> <div> <div>TO</div> <div>Mo Day Yr</div> </div> | Your Job Title: _____ Your Duties: _____ Supervisor: _____ | Employer's Name, Address and Phone: _____ _____ Reason for Leaving: _____ |

6. Do you have any health, medical, or physical problems which would interfere with your ability to perform the full range of duties of the position for which you are applying? YES ☐ NO ☐
 If yes, give details in item 17. Passing a medical exam may be required for appointment to a permanent position.

7. Have you ever been discharged from any employment or ever forced to resign? YES ☐ NO ☐
 If yes, give details in item 17.

8. Are you now or have you been employed by CVOC? YES ☐ NO ☐
 If yes, give details in item 17.

9. Are you related by blood or marriage to any person presently employed by CVOC? YES ☐ NO ☐
 If yes, give name, relationship and department in which employed in item 17.

10. Did you graduate from High School, pass the State High School Equivalency Exam, or do you possess a G.E.D. High School Certificate? YES ☐ NO ☐

B. Name of High School _____

Location of School _____

CERTIFICATE OF APPLICANT (Read this statement carefully before signing): I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatement or omissions of material fact herein will cause forfeiture on my part of all rights to employment by the Central Valley Opportunity Center.

Thank you.

 Your Signature

 Date

12. Colleges and Schools attended after High School.

| NAME Indicate where located and if Graduate School or College | Major | Date Graduate | Total Units or Hours | Degree Received |
|---|-------|------------------|-------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

13. Do you possess any job related license or certificate:

a. Title _____
 b. License No. _____ Issuing State _____
 Date Issued _____ Date Expires _____

14. FOR CLERICAL POSITIONS:

Affirmation of Typing or Shorthand Skills

A. I can type at a speed of:

☐ 40 ☐ 45 ☐ 50 ☐ 70 Words per minute

B. I can take shorthand dictation at a speed of:

☐ 80 ☐ 90 ☐ 100 ☐ 110 Words per minute

15. In addition to English, I possess ☐ Verbal ☐ Written fluency in:

☐ Spanish ☐ American Standard Sign Language
☐ Japanese ☐ Hmong ☐ Korean ☐ Laotian
☐ Filipino ☐ Portuguese ☐ Vietnamese ☐ Other: _____

16. List three references (Not relatives or previous employers)

| Name | Address | Phone Number |
|-------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

17. Additional Remarks (Attach extra sheet if necessary)



CENTRAL VALLEY OPPORTUNITY CENTER, Inc.

"Helping People...Changing Lives"

EMPLOYMENT VERIFICATION & REFERENCE CHECK AUTHORIZATION

Required Proof of Coursework, Degrees, etc.

Notice to All Applicants:

Central Valley Opportunity Center (CVOC) conducts employment verification and reference checks on all applicants recommended for further consideration in the selection process. Further, CVOC thoroughly investigates and requires proof of any coursework, certificates, degrees and other attainments listed by an applicant on the employment application and/or resume. CVOC therefore requests your authorization as follows:

I hereby authorize CVOC to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further, authorize the references I have listed to disclose any information related to my work records, without giving me prior notice of such disclosure.

I understand that in the course of verifying my past employment history, CVOC will contact my current employer as well as all listed employers on my employment application.

Important:

I will provide proof of any coursework, certificates, degrees and other attainments listed on my application upon application materials submittal, or no later than on the date of interview, should I be called for an interview for this recruitment.

PRINT Applicant Name: _____

Applicant Signature

Date



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Affirmative Action Survey

Central Valley Opportunity Center is an Equal Opportunity / Affirmative Action / Drug-Free Employer. To help carry out our EEO / AA obligations, please fill out this form. This information will be kept separate and confidential and will not be used in any way to make any employment decision. Thank you.

"Equal opportunity in employment is afforded to all qualified applicants, and no person shall be discriminated against in employment because of race, color, national origin, sex, religion or disability. If you believe you have been discriminated against for these reasons in consideration of your job application, it is your right to notify the appropriate federal or state agency of your complaint."

Print Name: _____ SS #: _____

Position Applying For: _____

Date of Birth: _____

Ethnicity (check appropriate category):

_____ **American Indian or Alaskan Native** (Includes all persons having origins in any of the original peoples of North America)

_____ **Asian or Pacific Islander** (Includes all persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands)

_____ **Black** (Includes all persons having origins in any of the Black racial groups)

_____ **Filipino** (Includes all persons having origins in the Philippine Islands)

_____ **Hispanic** (Includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race)

_____ **White** (Includes all persons having origins in any of the original people of Europe, North Africa, The Middle East, or the Indian Subcontinent)

Veteran Status

Are you a veteran of the armed forces? _____ Yes _____ No

For the purposes of this section, a veteran is one who has received an honorable discharge from active duty, is not receiving non-disability retirement, and has served during one of the following wartime or equivalent periods: World War II, Korean War, Vietnam.

Disability

Do you have a disability? _____ Yes _____ No

A person who (1) has a physical or mental impairment, which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. We wish to make appropriate job accommodations for otherwise qualified disabled applicants. If you check "Yes", please check one of the following as appropriate:

_____ Visual _____ Hearing _____ Speech _____ Physical _____ Developmental