



2159 Branciforte Drive, Santa Cruz, CA 95065
happyvalleycc.org | p 831.426.3001 | f 831.426.1756

Application for Employment

Personal Information

Last Name		First Name		
Address		City	State	Zip
Alternate Address		City	State	Zip
Date of Birth	Social Security #	Phone	Email	

Employment Desired

Position	Date You Can Start	Salary Desired
Are you Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally authorized to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you find out about this position?		

Education History

High School	Years Attended	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
College	Years Attended	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade, Business, or Correspondence School	Years Attended	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

General Information

Special Training, Certifications, or Licenses
Special Skills, Foreign Languages, etc.
Areas of additional Specialty or Expertise

Emergency Contact Information

Name	Relationship	Phone
Name	Relationship	Phone



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Former Employer

Name of Present or Last Employer			
Address		City	State Zip
Starting Date	Leaving Date	Final Salary	Job Title
May we contact your former Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor Name		Phone
Reason for Leaving			

Name of Present or Last Employer			
Address		City	State Zip
Starting Date	Leaving Date	Final Salary	Job Title
May we contact your former Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor Name		Phone
Reason for Leaving			

Name of Present or Last Employer			
Address		City	State Zip
Starting Date	Leaving Date	Final Salary	Job Title
May we contact your former Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor Name		Phone
Reason for Leaving			

References

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone



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Special Purpose Questions

Were you ever seriously injured? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of injury: _____		Details
Have you been vaccinated against the SARS-CoV-2 (COVID19) virus? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can you provide proof of such vaccination? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you had contact with anyone who has tested positive for SARS-CoV-2 (COVID19) within the past 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you tested positive for the SAR-CoV-2 virus within the previous 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you presently have any of the following symptoms: cough, shortness of breath, fever of more than 100.4, persistent fatigue or muscle aches, or new loss of taste or smell? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you able to perform each of the following job functions <u>without an accommodation</u> ? If not, what accommodation would you require?		
Job Function #1 Gross Motor Functions	Accommodation required	
Job Function #2 Fine Motor Functions	Accommodation required	
Job Function #3 Lift up to 50 lbs. unassisted	Accommodation required	
Job Function #4 Wear and/or use assigned PPE	Accommodation required	



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Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained herein, and authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature

Date