

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classification. If you are hired, you will be required to provide verification of any information reported on this application.

Date of Application: _____

Program: Cornerstone Farmhouse Harmony House Safe Harbor Solano House Other _____

Are you willing to be placed at a different program other than your first choice? Yes No

Last Name:	First Name:		
Address:	City:	State:	Zip:
Phone:	Email:		

Referred by (if applicable): _____

Relatives employed by YCCC? _____

How did you learn of this opening? _____

Have you worked for this agency before? Yes No

Have you been told the essential functions of the job, or have you been shown a copy of the job description listing the essential functions of the job? Yes No

If no, go to Yolo Community Care Continuum's website (www.y3c.org) to view job description.

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are you looking for?	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/> Full-time (40 hours/week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Part-time (32 hours/week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Per Diem (approx. 3 shifts per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weekend shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Graveyard/NOC shifts (11p-730a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swing shifts (3p-1130p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> *Night Shift (8p-4:30a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> *Mid Shift (10a-6:30p or 12p-8:30p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Not available at every program/location.



Employment Experience

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

Employed: from: _____ to: _____

Employer: _____

Phone Number: _____ Email: _____

Address: _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

May we contact this Employer? Yes No

Employed: from: _____ to: _____

Employer: _____

Phone Number: _____ Email: _____

Address: _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

May we contact this Employer? Yes No

Employed: from: _____ to: _____

Employer: _____

Phone Number: _____ Email: _____

Address: _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

May we contact this Employer? Yes No



Special Skills and Qualifications

Do you speak, read, or write any foreign languages fluently? Yes No

Speak: _____

Read: _____

Write: _____

Summarize special job-related skills and qualifications acquired from employment and other experience.

List professional, trade, business, or civic activities and offices held (you may exclude any memberships which would reveal sex, race, religion, national origin, ancestry, disability, or other protected status).

Education

Name and Location

Degree and/or Diploma

High School: _____

College: _____

Other: _____

References

Please list the name, address, and telephone number of 3 references who are not related to you and are not previous employers.

	<u>Name</u>	<u>Email Address</u>	<u>Telephone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Yolo Community Care Continuum to make an investigation of any of the facts set forth in this application.

I understand that employment at Yolo Community Care Continuum is at-will, which means that either Yolo Community Care Continuum or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

I attest that I am a legal United States citizen and am eligible to work in the United States.

Signature of Applicant

Date