



Community Action Partnership of Sonoma County
 Formerly Sonoma County People for Economic Opportunity or SCPEO

It is our policy to deal with all applicants and employees without regard to race, color, religion, sex, national origin, marital status, age, disability, or status as a Vietnam era or qualified disabled veteran.

Please inform the Human Resources Director if you require an accommodation in order to participate in the application process.

1300 N. Dutton Avenue • Santa Rosa, CA 95401 • Phone: 707-544-6911 • Fax: 707-544-5127 • Email: recruiting@capsonoma.org

APPLICATION FOR EMPLOYMENT (Please print clearly in ink.)

IMPORTANT NOTICE: This is a very significant document. Be very careful as you complete it. Answer each item accurately and completely. Failure to do so may result in not being considered for the position or in termination, if inaccurate or omitted information is discovered after employment has begun. Please attach additional sheet(s), if space provided is insufficient.

Date: _____ Your Initials: _____

PERSONAL INFORMATION

NAME			DATE OF APPLICATION	
_____	_____	_____	_____	
LAST	FIRST	MIDDLE		
LIST ALL OTHER NAMES BY WHICH YOU HAVE EVER BEEN KNOWN				
PRESENT ADDRESS				

STREET/UNIT NUMBER		CITY	STATE	ZIP
_____		_____	_____	_____
PHONE NUMBER		ALTERNATE OR MESSAGE PHONE NUMBER		EMAIL ADDRESS
_____		_____		_____
ARE YOU 18 YEARS OF AGE OR OLDER?		CAN YOU PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE U.S.A.?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		

EMPLOYMENT DESIRED

POSITION	

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	WHO REFERRED YOU TO US
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
HAVE YOU EVER APPLIED TO US BEFORE?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
IF YES, PLEASE INDICATE: WHEN? _____	WHERE? _____
HAVE YOU EVER WORKED FOR US BEFORE?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
IF YES, PLEASE INDICATE: WHEN? _____	WHERE? _____
DO YOU HAVE FRIENDS OR RELATIVE WORKING FOR US?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
IF YES, PLEASE INDICATE: NAME? _____	RELATIONSHIP? _____

EDUCATION (C.A.P. does not require education as a criterion for employment unless it is expressly required by law or funding source for the position)

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA / DEGREE? MAJOR/MINOR AREAS OF STUDY
HIGH SCHOOL			<input type="checkbox"/> No <input type="checkbox"/> Yes	
COLLEGE(S)			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Special skills, training, apprenticeships, etc. acquired from employment or other experience				

FORMER EMPLOYERS You must complete this page in full. The comment, "Please see resume", is not an acceptable response. Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability, or other protected status.

PRESENT OR LAST EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

NEXT PRIOR EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

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ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

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ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

MISCELLANEOUS JOB-RELATED INFORMATION

Many of our clients do not speak English. Do you speak, write, or understand any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please indicate which languages:	<input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____ <input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____
Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Community Action Partnership of Sonoma County? If so, please explain.	
List professional, trade, business, or civic activities and offices held. You may exclude information which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.	
Have you ever had any job-related training in the United States military? If so, please explain.	
Do you have or anticipate any commitments to any other entity, business, or person that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
DRIVER LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____ Please provide this information if applying for a position that will require the use of a motor vehicle.	

PERFORMANCE OF JOB-RELATED FUNCTIONS

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION?
 YES
 NO If "NO", please describe the functions that cannot be performed. _____
Note: We comply with the ADA, and consider reasonable accommodation measures that may be necessary for eligible applicants/em ployees to perform essential functions. Hire may be subject Passing a medical examination, and to skill and agility tests.

HAVE YOU EVERY BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)?
Note: Convictions for marijuana-related offenses that are more than two (2) years old need not be listed.
 NO
 YES If so, please state nature of the crime(s), when and where convicted, and disposition of the case.

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.

IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO FULLY CONFORM TO ALL ATTENDANCE REQUIREMENTS?
 NO
 YES If so, please describe fully. _____

PROFESSIONAL REFERENCES

Please list three professional references (individuals who have worked with you and are able to comment on your performance, skills and abilities)

Reference #1 NAME	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS (OPTIONAL)	
OCCUPATION	
YEARS KNOWN BY YOU	
Reference #2 NAME	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS (OPTIONAL)	
OCCUPATION	
YEARS KNOWN BY YOU	
Reference #3 NAME	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS (OPTIONAL)	
OCCUPATION	
YEARS KNOWN BY YOU	

We require that you read the information below and indicate your understanding and agreement to these terms by signing in the space provided. Your application will not be considered if the signature has been omitted. Furthermore, a photographic copy of this application will be considered the equivalent of the original and can be used as such. Thank you for your application.

Please Read Carefully, Initial Each Paragraph, and Sign Below

_____ Initials The application requests certain information to help CAP evaluate your qualifications. Please provide us with any additional relevant information you would like us to consider. CAP does investigate the background of applicants as well as previous employment experiences, including driving and fingerprint records, if appropriate to the position for which you are being considered. Unless you specifically list any limitation below, you are agreeing to permit us to investigate your background. You are also agreeing to release any persons providing information to CAP from any liability claim or damages as a result of furnishing such information. Please list any limitations you wish:

_____ Initials To the best of my knowledge, I declare that all responses in this application are true and complete. I agree that any purposeful untruth, misleading answer, omission, concealment, or failure to answer any question completely and accurately may be grounds for not hiring me or for terminating my employment, if I am hired, regardless of the time elapsed before discovery.

_____ Initials I understand CAP is an at-will employer, and, if I am offered employment and I accept it, my employment is not confined to a fixed term and may be ended by either CAP or myself without prior notice, as per Agency policies. I further 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 the agency. In addition, I understand and agree that, if I am employed, 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 the agency, and that no promises or representations contrary to the foregoing are binding on the agency unless made in writing and signed by the Executive Director of *Community Action Partnership of Sonoma County*.

_____ Initials I authorize CAP or CAP's agents 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 to the agency 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 agency, 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 or disclosure.

_____ Signature

_____ Date

Community Action Partnership of Sonoma County
Affirmative Action Information
Please PRINT Clearly

Name Today's Date

It is our policy to deal with all applicants and employees without regard to race, color, religion, gender, national origin, marital status, age, disability, or status as a Vietnam era or qualified disabled veteran. The following information is gathered on a voluntary basis and is used only for federal and state reporting requirements and for possible affirmative action. Thank you.

Hire Date	
Position/Title	
Program	
Is your job 30 hours per week or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnic Group	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races
Vietnam Era Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disable Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Today's Date