



CAP Sonoma is an Equal Opportunity Employer.
 Please inform the Human Resources Director if you require an accommodation in order to participate in the application process.

141 Stony Circle Ste 210 • Santa Rosa, CA 95401 • Phone: 707-544-6911 • Fax: 707-578-2037 • 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?	HOW DID YOU HEAR ABOUT THIS POSITION?
<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? _____	
Note: We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, or moral, or if doing so could create conflicts of interest.	

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)

EDUCATION 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 (last seven years is sufficient). 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.

PRESENTOR LAST EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
START DATE	LAST DAY WORKED	JOB TITLE		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			MAY WE CONTACT?	AREA CODE + PHONE NUMBER
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON FOR LEAVING			
DESCRIPTION OF WORK				

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

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

NEXT PRIOR EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
START DATE	LAST DAY WORKED	JOB TITLE		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			MAY WE CONTACT?	AREA CODE + PHONE NUMBER
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	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.	
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.	

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	
OCCUPATION	
WORK RELATIONSHIP	
No. OF YEARS ACQUAINTED	
Reference #2 NAME	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS	
OCCUPATION	
WORK RELATIONSHIP	
No. OF YEARS ACQUAINTED	
Reference #3 NAME	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS	
OCCUPATION	
WORK RELATIONSHIP	
No. OF YEARS ACQUAINTED	

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 I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Community Action Partnership of Sonoma County to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company 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 Company, 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.

Initials I 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 Company. 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 Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Please ensure all information is included and accurate.

Signature

Date

Community Action Partnership of Sonoma County
Optional Voluntary 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 veteran status. The following information is gathered on a **voluntary basis** and is used only for federal and state reporting requirements. Thank you.

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

Signature

Today's Date

Application for Employment – Functions

Community Action Partnership of Sonoma County or CAP Sonoma

141 Stony Circle, Suite 210, Santa Rosa, CA. 95401 – (707) 544-6911 – Fax (707) 578-2037 – recruiting@capsonoma.org

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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/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

Is there any reason why you would not be able to fully conform to all attendance requirements?

- NO
 YES If so, please describe fully _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Please do not list: misdemeanor convictions for marijuana-related offenses that are more than two years old; infractions; records relating to diversion programs; convictions that have been judicially dismissed, expunged or ordered sealed pursuant to law; or any convictions, adjudications or other court actions by a juvenile court.

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.

Have you ever had any job-related training in the United States military? If so, please explain:
