



# Employment Application

Equal Opportunity Employer

1401 El Camino Avenue,  
4<sup>th</sup> Floor  
Sacramento, CA 95815  
Phone: (916) 486-1876  
Fax: (916) 486-9454

Type or print legibly using black or blue ink. This application is part of the employment and/or hiring process. Incomplete or illegible applications will be rejected. Make copies of any information you submit and wish to retain.

Position Desired \_\_\_\_\_ Today's date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

1. I am interested in:  Full Time  Part Time  Temporary

2. I am:  21 years of age or over  Under 21 years of age

3. Please provide the following driver's license information:  
State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

4. If you possess a license or certificate which is a requirement for the position, please provide the following information:  
Issuing Agency: \_\_\_\_\_ Title: \_\_\_\_\_  
Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

5. A. Have you ever worked for A4AA? Yes  No   
B. Have you ever applied to A4AA before? Yes  No   
If "YES", please indicate when and department: \_\_\_\_\_

6. Can you, after employment submit verification of your legal right to work in the United States?  Yes  No

7. Do you have any friends or relatives employed at A4AA?  Yes  No If so, whom? \_\_\_\_\_  
Relationship: \_\_\_\_\_

8. Are you presently employed?  Yes  No

9. Date available for employment: \_\_\_\_\_

10. How did you hear about the position? \_\_\_\_\_

11. Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? If no, describe the functions that cannot be performed.  Yes  No

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12. Is there a limitation on the days and hours you can work?  Yes  No \_\_\_\_\_

13. Do you have reliable transportation?  Yes  No

14. Have you ever been discharged, terminated or forced to resign from any employer?  Yes  No

If yes, please explain: \_\_\_\_\_

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15. Have you ever been reprimanded or discharged for sexual harassment, fighting, workplace violence or related offense?

Yes  No

If yes, please explain: \_\_\_\_\_

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16. U.S. Military Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Describe your duties or special training: \_\_\_\_\_

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17. Languages (other than English - indicate speak, read or write): \_\_\_\_\_

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18. Emergency contact (name, address, telephone number and relationship): \_\_\_\_\_

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*Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

## EXPERIENCE

**DO NOT INDICATE "SEE RESUME".** Resumes are not acceptable as substitutes for any part of the application. Begin with your most recent experience and list all experience for the last ten years. Describe your skills, knowledge and abilities completely as they relate to the position you are applying for. **ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.**

Employment Dates & Salaries	Description of Duties	Employer Information
A. Month/Day/Year From: _____ To: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____
B. Month/Day/Year From: _____ To: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____
C. Month/Day/Year From: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____
D. Month/Day/Year From: _____ To: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____
E. Month/Day/Year From: _____ To: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____

Special skills, certificates or additional information (list below):

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## EDUCATION AND TRAINING

Include all pertinent education as it relates to the position in which you are seeking. The position may require proof of Education and/or Certification; please note that documentation may be requested at a later date.

Name and Location of High School, Accredited College or University, Vocational and/or Trade School	Major Course of Study	Years Completed	Total Units Completed	Degree or Certificate Received

## PROFESSIONAL REFERENCES

These should be people in a position to discuss your qualifications relating to the position you are applying for; such people should include directors, managers, supervisors and/or people who directly evaluated your performance.

Name / Title	Address	Phone Number	Email Address	Years Known

CERTIFICATION AND AGREEMENT OF APPLICANT

I hereby certify that I have personally completed this application for employment and that all statements made in and on this application and included on all attachments (resume, supplemental documents, etc.) are true and correct and to the best of my knowledge. I further certify, agree and understand that misstatements and/or omissions of any material or information will subject me to disqualification or dismissal if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ Initial here

I understand that A4AA is an Equal Opportunity Employer and does not discriminate in employment. It is understood that no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

\_\_\_\_\_ Initial here

I hereby authorize Area 4 Agency on Aging (A4AA) to thoroughly investigate my professional and character references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to A4AA 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 A4AA, 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. (Current employer will not be contacted unless listed as a reference).

\_\_\_\_\_ Initial here

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 or imply an employment contract between myself and A4AA. I understand and agree that if I am employed the offer is not for a specified time or duration and is at-will; either I or A4AA may terminate employment at any time, with or without prior notice or cause.

\_\_\_\_\_ Initial here

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR A4AA PERSONNEL USE ONLY

Meets Minimum Qualification:  Yes  No Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL PAGE - LEFT BLANK INTENTIONALLY**

Applicant can supply additional work, education, reference, special skills or explanations below