



Application for Employment

*Sacramento Self Help Housing Is An Equal Opportunity Employer
Please Complete and Sign This Application Form Even If Accompanied By Your Resume*

| PERSONAL INFORMATION | | | | |
|---|-------------------|--|---|--|
| Date of Application: | | Position Applied For: | | |
| Full Legal Name First: | | Middle: | Last: | |
| Minimum Salary Requirements: \$ _____ per | | <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year | Date Available For Work: | |
| Current Street Address: | | City: | State: | Zip Code: |
| Mailing Address (If Different from Above): | | City: | State: | Zip Code: |
| Telephone: | | Days and Hours Available: | Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | *If under 18, hire is subject to verification that you are of minimum legal age. | If hired, can you present evidence of your U.S. Citizenship or proof of legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever filed an application or have been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have any friends or relatives working for our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No *Relationship? | | |
| EDUCATION RECORD | | | | |
| | Name and Location | Degree or Certificate Earned | Major or Specialty | Years Completed |
| High School | | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| College or University | | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Graduate School | | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Other | | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Additional Information: | | | | |



PAST EMPLOYMENT RECORD (Show Most Recent Employer First)

| | | | | | |
|--|--|-----------------|--|---|-----------|
| Company Name: | | Position Title: | | Area Code/Telephone: | |
| Address: | | City: | | State: | Zip Code: |
| Dates of Employment: From: _____ To: _____ | | | | | |
| Name of Immediate Supervisor: | | Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe your duties and scope of your primary responsibilities: | | | | | |
| Reason(s) for Leaving: | | | | | |
| Company Name: | | Position Title: | | Area Code/Telephone: | |
| Address: | | City: | | State: | Zip Code: |
| Dates of Employment: From: _____ To: _____ | | | | | |
| Name of Immediate Supervisor: | | Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe your duties and scope of your primary responsibilities: | | | | | |
| Reason(s) for Leaving: | | | | | |
| Company Name: | | Position Title: | | Area Code/Telephone: | |
| Address: | | City: | | State: | Zip Code: |
| Dates of Employment: From: _____ To: _____ | | | | | |
| Name of Immediate Supervisor: | | Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe your duties and scope of your primary responsibilities: | | | | | |
| Reason(s) for Leaving: | | | | | |

ADDITIONAL SKILLS AND TRAINING

Please list additional skills and training that may be relevant on the position for which you are applying (i.e. computer skills, language, etc.):

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EMPLOYMENT REFERENCES

Please list previous supervisors or managers whom we may contact for reference.
If you do not have applicable previous employers, please list academic references.

| Name | Position Title | Employer | Phone Number |
|------|----------------|----------|--------------|
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Why do you feel you are qualified for this position? (Please feel free to use additional space if necessary):

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PLEASE READ CAREFULLY

I understand the organization has, or may choose to implement, a program of appropriate Organization-paid pre-employment physical examinations, including standardized drug screens. Offers of employment may be subject to the successful completion of such an examination, as well as verification of previous employment, education, and references. Any disparity between results of these efforts and the information contained in the application form may result in the withdrawal of such employment offer, or if work has begun, the termination of my employment. _____
Initial

I authorize the Organization and its representatives to contact personal references, past supervisors, educational institutions and credit reporting agencies, as it may deem necessary to obtain satisfactory information. I also authorize those contacted to release this information. _____
Initial

I certify that all of the information on this application was provided by me and is true. If employed, I agree to comply with all rules, regulations, and policies of the organization. I understand and agree that my employment relationship with the Organization is on an "at will" basis, meaning that either the organization or I may terminate my employment at any time, for any lawful reason, with or without cause and with or without notice. I further understand and agree that if at any time during my employment any of the information herein is found to be misleading or untrue, my employment may be terminated.

Initial

I understand that, if employed, I will be required to furnish verification of my legal right to work in the Unites States by providing acceptable documentation as required by statute within 72 hours of commencement of employment. Further, I understand that in accordance with current Department of Homeland Security legislation, my employment will be terminated at the end of that period should I not furnish the required documentation. _____
Initial

| | |
|-------------------------|-------|
| Signature of Applicant: | Date: |
| Print Name: | Date: |



Pre-Employment Background Authorization

| | | | |
|---|-------|----------------------|-------------------------|
| Applicant's Name | | | |
| _____ | _____ | _____ | _____ |
| | Last | First | Middle |
| Maiden Name/AKA | _____ | Dates Used: | From: _____ To: _____ |
| Other Name | _____ | Dates Used | From: _____ To: _____ |
| If more than two names have been used, please note at the bottom of this page. | | | |
| Street Address | _____ | City: _____ | State: _____ Zip: _____ |
| S.S. # | _____ | Date of Birth: _____ | Phone # _____ |

| | | | |
|--|-----------|-------------|-----------|
| _____ | _____ | _____ | () _____ |
| Present Employer | _____ | City, State | Phone # |
| May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| _____ | _____ | _____ | _____ |
| Hire Date | Job Title | Supervisor | |

| | | | |
|--|------------|-------------|------------|
| _____ | _____ | _____ | () _____ |
| Previous Employer | _____ | City, State | Phone # |
| May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| _____ | _____ | _____ | _____ |
| Hire Date | Final Date | Job Title | Supervisor |

| | | | |
|--|------------|-------------|------------|
| _____ | _____ | _____ | () _____ |
| Previous Employer | _____ | City, State | Phone # |
| May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| _____ | _____ | _____ | _____ |
| Hire Date | Final Date | Job Title | Supervisor |

| | | | |
|-----------------|------------|-------------|-----------|
| _____ | _____ | _____ | () _____ |
| School Attended | _____ | City, State | Phone # |
| _____ | _____ | _____ | _____ |
| Starting Date | Final Date | Major | Degree |

| | | |
|---------------------|-----------|--------------|
| _____ | _____ | _____ |
| Driver License Type | License # | State Issued |

I hereby authorize Sacramento Self Help Housing to perform a Background Investigation, which may include, but is not limited to, a criminal records check, experience, credit, employment and academic verification. I understand that any misrepresentations of the information provided above are grounds for rejection of my application. I understand the third party administrator is www.secure.sterlingdirect.com.

Signature _____ Date _____

- Please check one: Check here if you want a copy of your background investigation report.
 Check here if you want to waive your right to receive these backgrounds reports.



Applicant Consent Form to Investigate and Disclose Data

I, _____, hereby allow the Organization and their assignees the right to contact and investigate my former and current employers, and all other pertinent parties, including, but not limited to educational institutions where I enrolled, to fully investigate my background.

I understand that as part of the interview process, since I am applying for the position of _____, The Organization requires all applicants to disclose pertinent data concerning previous work history, police and military records, and educational activities.

I further understand and authorize Sacramento Self Help Housing to order investigative consumer reports that can provide information regarding my character, general reputation, personal characteristics and mode of living.

The purpose and procedures used in this investigation have been fully described to me and I completely understand the reasons and potential uses of such investigations. I authorize Sacramento Self Help Housing to use any and all information acquired to make decisions regarding my employment, which may be disclosed to third parties.

I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employment application, at my interview, or at any time prior to my commencing employment at the Organization (if I am offered a position with the Organization), I will not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from facts I furnished before taking the job, I will be disciplined, including immediate discharge without warning.

Sacramento Self Help Housing will pay the cost of this investigation. Nonetheless, I hereby indemnify, release and forever discharge and hold the Organization and its subsidiaries and affiliated companies, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto. I understand the third party administrator is www.secure.sterlingdirect.com.

Applicant's Signature

Date

Printed Name of Applicant

S.S.#