

Applicant Name _____
Position Applying for _____



**Application
For
Employment**

PERSONAL DATA

Have you ever been employed under a different name?
If so, what name? _____

Last Name First Name Middle Name

() ()
Home Phone Cell Phone

E-MAIL Address

Present Address Number & Street City State, Zip

If at present address less than three (3) years, please list
previous address(es) for the last three (3) years.

Previous Address Number & Street City State, Zip

From To

Have you or any members of your immediate family received services
from Sierra Vista Child & Family Services during the past 2 years?

Yes ☐ No ☐ If yes, please explain _____

Driver's License or ID Number
(For positions which require driving for business purposes,
a current California Driving Record is required)

(If your answer is yes, you may not eligible for hire if you or an
immediate family member are currently receiving services or have
received services during the last 2 years.)

Are you currently awaiting trial for any criminal offense?

Yes ☐ No ☐

If yes, please explain

If you are not a U.S. citizen,
have you the legal right to
work indefinitely in the
U.S.?

Yes ☐ No ☐

(Proof of Citizenship or
immigration status will be
required if hired)

Do you intend to remain
permanently in the US?

Yes ☐ No ☐

Have you ever been employed
by SVCFS? Yes ☐ No ☐

Are you able to perform the
essential functions of the job for
which you are applying without
special accommodation?

Yes ☐ No ☐

If you require reasonable
accommodations, please list
the accommodations below.

Have you ever initiated an act of violence in the workplace?

Yes ☐ No ☐

If yes, please explain

Have you ever been fired from a job?

Yes ☐ No ☐

POSITION

Position Desired

Are you interested in part time or full
time employment?

What hours are you available
to work?

Were you referred to SVCFS for this
position? Yes ☐ No ☐

If yes, please state who referred you.

Date Available

List Hours

EDUCATION

High School Location

Did you graduate? ☐Yes ☐No

GPA

College Location Major

Did you graduate? ☐Yes ☐No

GPA

College ☐ Grad School ☐ Location Major

Did you graduate? ☐Yes ☐No

GPA

Vocational, Trade or other School Location Major

Did you graduate? ☐Yes ☐No

GPA

☐ Registered Associate
Type and Number

☐ License
Type and Number

OFFICE SKILLS

Computer Skills

Microsoft Word ☐
Powerpoint ☐
Outlook ☐

Excel ☐
Access ☐

Additional Software
(Please List Programs)

Calculator (10 Key)

By Touch ☐
By Site ☐

Please indicate any foreign languages you can speak, read and/or write

Speak
Read
Write

Fluent

Good

Fair

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment.
You must complete this section even if attaching a resume

Name of Employer	Street Address	City, State, Zip	Your Title	
Person Reported to	Position	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone & ext.	Employed from to
Description of Your Duties			Reason for Leaving	

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Description of Your Duties			Reason for Leaving	

PROFESSIONAL REFERENCES

List below professional references of past business associations.

Name	Street Address	City, State, Zip	Phone Number
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Name	Street Address	City, State, Zip	Phone Number

ACKNOWLEDGEMENT

I understand and acknowledge the following:

- I understand that I am entitled to copies of any public records obtained directly by the Agency in connection with my application for employment. *Check one:*
I waive ☐ do not waive my right to receive copies of public records obtained directly by the Agency.
- If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
- I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
- I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.
- I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the Chief Executive Officer of Sierra Vista Child & Family Services, no supervisor or manager may alter or amend the above conditions. Only the Chief Executive Officer of the Agency has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
- I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of a job related medical examination, and if required, a drug and alcohol screen.
- I agree that I will settle any and all previously unasserted claims, disputes, or controversies arising out of or relating to my employment, my application or candidacy for employment, and/or cessation of employment with Sierra Vista Child & Family Services, exclusively by final and binding arbitration before a neutral Arbitrator (pursuant to the Agency's Alternative Dispute Resolution Policy). By way of example only, such claims include claims under federal, state, and local statutory law, such as the Fair Employment and Housing Act, Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans With Disabilities Act, the law of contract and the law of tort.
- If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age.
- I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Agency.
- I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Agency to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.
- I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through eleven (11) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the **Chief Executive Officer** of the Sierra Vista Child & Family Services.

SIGNATURES

Signature of Applicant _____ Date _____

MILITARY (OPTIONAL)

Branch of U.S. Military Service	Last Rank or Grade	Have you obtained any special skills or abilities as the result of service in the military? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reserve Status	Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Total Months Active Duty

ADDITIONAL INFORMATION

(For applicant use if needed)
