



Creating Opportunities • Changing Lives

## EMPLOYMENT APPLICATION

Revised: January 2014

**Community Solutions is an Equal Opportunity Employer. All applicants will receive consideration without regard to sex, marital status, race, color, age, creed, national origin, sexual orientation, military status, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, the presence of physical or mental disabilities, veteran status or any other basis protected by state, federal or local law. It is Community Solutions' intent to comply with all applicable federal, state and local laws concerning equal opportunity in employment.**

### APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete all pages.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide all requested information. Failure to do so may result in disqualification of your application.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Are you over 18? ☐ Yes ☐ No

Can you, upon employment, submit verification of your legal right to work in the United States? ☐ Yes ☐ No

Driving License (Number, State and Expiration date) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City Zip

City State Zip

### APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. Do not refer the reader to your resume. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review, additional testing of job-related skills or a drug test. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

### AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start: \_\_\_\_\_

What employment classification would you prefer? ☐ Full Time ☐ Part Time ☐ Temporary

For which schedules are you available? \* ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime ☐ Shift ☐ Other \_\_\_\_\_

\*reasonable efforts will be made to accommodate sincerely held religious beliefs and practices.

Administration & Mailing:  
9015 Murray Avenue, Suite 100  
Gilroy, CA 95020  
408-842-7138

16264 Church Street, #103  
Morgan Hill, CA 95037  
408-779-2113  
fax 408-778-9672

5671 Santa Teresa Blvd., #104  
San Jose, CA 95123  
408-225-9163  
fax 408-225-9243

310 Fourth Street, #105  
Hollister, CA 95023  
831-637-1094

**JOB RELATED SKILLS**

☐ Yes ☐ No Have you been given a job description or had the essential functions of the job explained to you?

☐ Yes ☐ No Do you understand these functions?

☐ Yes ☐ No Can you perform the essential functions of this job with or without reasonable accommodation?

☐ Yes ☐ No If hired, do you have a reasonable means of transportation to get to work?

I can ☐ speak ☐ read ☐ write in a language second to English. The language is \_\_\_\_\_.

Applicants for jobs with driving as an Essential Function of the job:

☐ Yes ☐ No Have you had any driving violations within the last three years? Please describe (ask for additional sheets if necessary): \_\_\_\_\_

☐ Yes ☐ No Have you had any accidents for which you were at fault within the last three years? Please describe (ask for additional sheets if necessary): \_\_\_\_\_

**SECURITY**

☐ Yes ☐ No Have you used any names or Social Security Numbers other than given above? If so, please list in comments below.

☐ Yes ☐ No Have you been convicted of a misdemeanor or a felony in the past seven years? If so, please describe below, including the city, county and state where you were convicted and the sentence or penalty you received. Ask for additional sheets if necessary. (Do not include marijuana convictions that occurred more than two years prior to the date of this application. A conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

**COMMENTS**

(ASK FOR AN ADDITIONAL PAGE IF NECESSARY) \_\_\_\_\_

**PREVIOUS EMPLOYERS**

Please Note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for phone book or call information if necessary.

**MOST RECENT EMPLOYER**

☐ Yes ☐ No Are you currently working for this employer?

☐ Yes ☐ No If yes, may we contact?

PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED

JOB TITLE \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ PER \_\_\_\_\_  
(HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

PHONE (    ) \_\_\_\_\_

FAX (    ) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED

JOB TITLE \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

PER \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

PHONE (    ) \_\_\_\_\_

FAX (    ) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED

JOB TITLE \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

PER \_\_\_\_\_

SALARY \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN / RELATIONSHIP
1.		
2.		
3.		

**EDUCATION & CERTIFICATIONS & LICENSE**

Please circle highest grade completed.    7    8    9    10    11    12    13    14    15    16    16+

If your school records are under a different name than listed on page 1, please enter that name. \_\_\_\_\_.

NAME	CITY/STATE	DID YOU GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

Certifications and Licenses: \_\_\_\_\_

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I understand that it's company policy that all applicants must successfully complete a background check. I further understand and agree that, except as may be modified by an applicable collective bargaining agreement, other than the CEO of Community Solutions, no manager, supervisor, or representative of the Company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement modifying my at-will employment. Any contract modifying my at-will employment status must be in writing signed by the CEO.

Signature \_\_\_\_\_

Date \_\_\_\_\_