

EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma G.E.D. Certificate California High School Proficiency Certificate
 Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post Graduate ___ Years

Name of High School	Address of High School			Certificate / Diploma
Name and Address of College, University, Vocational School or Institute	Major/Minor	Type of Degree (Associate's Bachelor's) Degree Completed		Units Completed Semester/Quarter
A.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
B.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
C.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you now, or have you previously been an employee of this agency? ___ Yes ___ No

If so, please indicate.

Do you have any relations by blood or marriage employed by the Community Action Partnership of San Bernardino County? If Yes, give name(s) relation and departments.

Have you been discharged from a position or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? Give name and address of employer, date of discharge or forced resignation and the reason below.

DO YOU POSSESS A VALID CALIFORNIA DRIVER LICENSE? ___ YES ___ NO (Applicable only for those positions requiring a California Driver License)

STATE: _____ TYPE OF LICENSE: _____ NO.: _____ EXPIRATION DATE: _____

Are you currently employed? ___ Yes ___ No

If so, may we contact your employer? ___ Yes ___ No

WHAT MACHINES DO YOU PROFICIENTLY OPERATE? (office, commercial, equipment)

Special Skills: Typing ___ wpm Internet ___

MS Word ___ MS Excel ___ MS PowerPoint ___ Windows 7 ___ Windows 10 ___

Other

Are you fluent in any language in addition to English? If so, please specify your skills. (Complete only when required on job announcement).

Language	Understand	Speak	Read	Write
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

EXPERIENCE: Provide a complete employment history beginning with your current or most recent job. In additional space is needed, attach a sheet of paper. Do not refer to a resume. Only those jobs listed will be considered in determining your eligibility. List each job title separately, even if the employer is the same. Incomplete information will result in disqualification.

RESUME MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month Year Month Year From: / To: /	
Total Months Hours Per Week	
Name & Title of Immediate Supervisor	
REASON FOR LEAVING	
Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month Year Month Year From: / To: /	
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Month Year Month Year From: / To: /	
Total Months Hours Per Week	
Name & Title of Immediate Supervisor	
REASON FOR LEAVING	

EMPLOYMENT HISTORY (CONT'D)

Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
<i>Month</i> <i>Year</i> <i>Month</i> <i>Year</i> <i>From:</i> / <i>To:</i> /	
<i>Total Months</i> <i>Hours Per Week</i>	
<i>Name & Title of Immediate Supervisor</i>	
REASON FOR LEAVING	
Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
<i>Month</i> <i>Year</i> <i>Month</i> <i>Year</i> <i>From:</i> / <i>To:</i> /	
<i>Total Months</i> <i>Hours Per Week</i>	
<i>Name & Title of Immediate Supervisor</i>	
REASON FOR LEAVING	
Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
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<i>Name & Title of Immediate Supervisor</i>	
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DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
<i>Month</i> <i>Year</i> <i>Month</i> <i>Year</i> <i>From:</i> / <i>To:</i> /	
<i>Total Months</i> <i>Hours Per Week</i>	
<i>Name & Title of Immediate Supervisor</i>	
REASON FOR LEAVING	

Would you object to the following:

Traveling as required by this position? ___ Yes No ___

Working over regular working hours when required? ___ Yes ___ No

**Will you require any accommodation due to a disability while competing in the selection process?
Yes ___ No ___ If Yes, please describe.**

REFERENCES:

List at least three references whom you have known for at least three years; do not include relatives.

NAME	ADDRESS/PHONE NUMBER	OCCUPATION

In case of Emergency, please contact:

NAME _____

PHONE NUMBER _____

ADDRESS _____

RELATIONSHIP _____

I HEREBY GIVE MY CONSENT TO HAVE CAPSBC OPERATIONS DIVISION VERIFY MY PAST EMPLOYMENT.

SIGNATURE OF APPLICANT _____

DATE _____

AN EQUAL EMPLOYMENT OPPORTUNITY AND ADA COMPLIANT EMPLOYER

CERTIFICATION OF SIGNATURE STATEMENT

I hereby certify that all statements on this application are true and complete. I further agree that the information and materials submitted with the application become the property of Community Action Partnership of San Bernardino County. In the event of employment, I understand that false or misleading information given in my application or interview(s) may be considered cause for immediate termination. I further agree that the employer shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me. I also authorize the companies, schools or persons named above to give any information relevant to my bona fide employment qualifications and hereby release the aforementioned from all liability for any damages for issuing this information. A copy of this authorization will be considered to be as valid as the original.

Application will not be considered unless signed.

SIGNATURE OF APPLICANT _____ **DATE** _____

Position Applied For: _____
Date: _____

CAPSBC IS ASKING APPLICANTS TO COMPLETE THIS FORM IN ORDER TO COMPLY WITH UNITED STATES GOVERNMENT EQUAL OPPORTUNITY REQUIREMENTS. THIS INFORMATION IS SOLICITED ON A VOLUNTARY BASIS AND HAS NO BEARING ON YOUR APPLICATION, ELIGIBILITY OR SELECTION. INFORMATION THAT YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS.

Decline to complete []

PLEASE COMPLETE:

ETHNIC IDENTIFICATION (See below for explanation)

- 1. [] American Indian/Alaskan Native
- 2. [] Asian/Pacific Islander
- 3. [] Black
- 4. [] Filipino
- 5. [] Hispanic
- 6. [] White

SEX

- 1. [] Female
- 2. [] Male

DISABILITY (See below for explanation)

Please check if appropriate:

- 1. [] Hearing
- 2. [] Visual
- 3. [] Speech
- 4. [] Physical
- 5. [] Developmental
- 6. [] Other (Specify)

AGE GROUP

- 1. [] Under 21
- 2. [] 21-29
- 3. [] 30-39
- 4. [] 40-49
- 5. [] 50-59
- 6. [] 50 or over

VETERAN STATUS

Are you a Vietnam Era Veteran?

- 1. [] Yes
- 2. [] No

SOURCE

How did you learn about this job opening?

DEFINITION

AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal identity.

ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

BLACK: All persons having origins in any of the Black racial groups of Africa, not of Hispanic origin.

FILIPINO: All persons having origins in any of the Philippine Islands.

HISPANIC: All persons of Mexican, Puerto Rican, Central or Southern American, or other Spanish culture or origin, regardless of race.

WHITE: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, not of Hispanic origin.

DISABILITY

VISUAL:

Persons who are legally blind in one or both eyes and whose visual acuity even after correction (eye glasses or contact lenses) is 20/200 visual acuity or restricted in the visual field to 20 degrees.

HEARING:

Persons with total deafness or inability to hear a normal conversation and/or use a telephone without the aid of an assistive device.

SPEECH:

Persons with speech impairments when speech is unintelligible in normal conversations.

PHYSICAL:

Persons with orthopedic impairments, amputations of functional limitations if there is: (a) loss of significant impairment of one or both major upper extremities; (b) loss or significant impairment of one or both major lower extremities; and (c) impairment of the trunk, back or spine when there is a medically diagnosed disability which substantially limits one or more major life activities.

DEVELOPMENTAL:

Persons who meet the legal definition or have been identified as developmentally disabled. This includes autism, cerebral palsy, epilepsy, mental retardation, and other neurological impairments.