

Community Action Partnership Of San Bernardino County

696 South Tippecanoe ♦ San Bernardino ♦ California 92408-2607 (909) 723-1531 ♦ www.capsbc.org

APPLICATION FOR EMPLOYMENT

Community Action Partnership of San Bernardino County (CAPSBC) is the designated Community Action Agency for San Bernardino County. CAPSBC shall not discriminate in its hiring and personnel procedures against any applicant for employment or any employee because of race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, disability, genetic information or any other protected status in accordance with all applicable federal, state and local laws.

Candidates for interviews will be initially considered through an evaluation of their application. Applicants are encouraged to attach resumes and/or other information which will assist CAPSBC in the evaluation of the applicant's qualifications. Education and/or experience will be considered only as it most directly relates to the position applied for. Each applicant will be notified by mail and/or phone if he/she is or is not selected for an interview and/or employment. Following the hiring interviews, a background check will be conducted on the candidate(s) being considered for employment. After the background check is completed, a conditional offer of employment will be made to the recommended applicant for hire contingent upon applicant passing a pre-employment physical examination only to include urine drug testing and TB screening. Newly hired employees will be required to provide proof of authorization to work in the United States and are encouraged to participate in CAPSBC's direct deposit payroll program. In those instances where employees cannot participate in the direct deposit program, they will have the opportunity to participate in a pay card program. CAPSBC employment status is "at will" with or without benefits and employment can be terminated at any time with or without cause. Employee works at the discretion of the Appointing Authority and is ineligible for any disciplinary/grievance/layoff appeal rights.

DATE POSITION APP		ED FOR			
GENERAL INFORMATION (A to complete an application, p					CAPSBC website
IMPORTANT: Applications consideration		ng process and mus mpleted applications		letely in order to	be accepted for
NAME: LAST	F	IRST	MI	DDLE INITIAL	
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	
PHONE NUMBER: HOMI	<u> </u>	WORK		MESSAGE	
CAN YOU, AFTER OFFER OI STATES? (IMMIGRATION A AFTER 11/06/86 TO PROVID NO	ND NATURALIŽAT	TION SERVICE (INS)	REGULATIONS RE	QUIRE ALL EMP	LOYEES HIRED
IF NOT, DO YOU HAVE THE	LEGAL RIGHT TO	WORK IN THE UNITE	D STATES?	YES	NO
				(DATE STAMP)	

[] High School Diploma [] Circle Highest Grade Completed 1				
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 Bachelo Degree Completed	,	Units Completed Semester/Quarter
A.			□YES □NO	
В.			□YES □NO	
С.			□YES □NO	
D.			□YES □NO	
Are you now, or have you previously be	en an emplovee of this a	gency? Ye	es	No .
County? If Yes, give name(s) relation and Have you been discharged from a position have you ever resigned upon request to forced resignation and the reason below DO YOU POSSESS A VALID CALIFORNIA TYPE OF LICENSE	on or terminated during avoid discharge? Give v. A DRIVER LICENSE? _ po	name and address of the second	of employe O (Applicab California D	r, date of discharge or ole only for those briver License)
STATE: TYPE OF LICENSE Are you currently employed? Yes	.: NO.: No	EXPIRATIO	N DATE:	
f so, may we contact your employer? _	Yes No			
WHAT MACHINES DO YOU PROFICIENT	TLY OPERATE? (offi	ice, commercial, eq	uipment)	
Special Skills: Typing wpm Intern MS Word MS Excel MS Power		7 Windows	10	
Other				
Are you fluent in any language in addition ob announcement).	on to English? If so, plea	se specify your ski	lls. (Compl	lete only when required o
Language	Understand S	Speak Read	<i>l</i> 1	Write

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

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	•		
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: /			
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: /			
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: /			
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		
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: /			
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		
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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: /			
Total Months Hours Per Week			
Name & Title of Immediate Supervisor			
	REASON FOR LEAVING		

Would you object to the following:		
Traveling as required by this position?	Yes No	
Working over regular working hours when re	equired? Yes	No
Will you require any accommodation due to Yes No If Yes, please describe.	a disability while com	peting in the selection process?
REFERENCES:		
List at least three references whom you have	known for at least thre	ee years; do not include relatives
NAME ADDRESS/PHOI	NE NUMBER	OCCUPATION
In case of Emergency, please contact:		
NAME	PHONE N	IUMBER
ADDRESS	RELATIO	DNSHIP
I HEREBY GIVE MY CONSENT TO HAVE EMPLOYMENT.	CAPSBC OPERATIO	NS DIVISION VERIFY MY PAST
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
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	Position Applied For:
CAPSBC IS ASKING APPLICANTS TO COMPLETE THIS FORM IN ONTO COMPLY WITH UNITED STATES GOVERNMENT EQUAL OPPOR REQUIREMENTS. THIS INFORMATION IS SOLICITED ON A VOLUNIBASIS AND HAS NO BEARING ON YOUR APPLICATION, ELIGIBILITOR SELECTION. INFORMATION THAT YOU PROVIDE WILL BE KEFT CONFIDENTIAL AND WILL BE USED ONLY IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS.	TUNITY Decline to complete [] TARY TY PT
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

PHYSICAL:

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

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.

the Pacific 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.

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

Persons with orthopedic impairments, amputations of

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.