



"The Alliance for Community Transformations provides responsive and preventative services to individuals and families, and work through partnerships and collective action to create truly safe, healthy and socially just communities where every member thrives"

Please Print If Filling Out a Hard Copy

Position(s) Applied For: _____ Date of Application: _____

Referral Source:

Advertisement Employee Relative/Friend Government Employment Agency Private Employment Agency
 Walk-In Other: _____ Name of source if applicable: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip code

Home Phone Number: _____ Preferred time to call: _____

Work Phone Number: _____ May we call you at work? Yes No If Yes, When? _____

If you are under 18, can you furnish a work permit? Yes No

Are you legally eligible for employment in this country? Yes No

(Proof of U.S. Citizenship or immigration status required upon employment)

Have you applied to an agency in The Alliance before? Yes No

If yes, what agency? _____ When did you file the application? _____

Have you worked with an agency in The Alliance before? Yes No

If yes, what agency? _____ What dates? _____ to _____

Date available for work: _____ Are you on layoff and subject to recall? Yes No

Type of employment desired (Check all that apply): Full Time Part Time Temporary

Are you willing to travel if the job requires it? Yes No

Do you possess a valid California Driver's License? Yes No

Have you been convicted of a felony in the last seven (7) years? Yes No

(Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain:

EMPLOYMENT HISTORY

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in *comments* section below.

Employer Name	Dates Employed		Summarize the nature of the work performed and job responsibilities
Employer Address	From	To	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Employer Telephone		
Employer Name	Dates Employed		Summarize the nature of the work performed and job responsibilities
Employer Address	From	To	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Employer Telephone		
Employer Name	Dates Employed		Summarize the nature of the work performed and job responsibilities
Employer Address	From	To	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Employer Telephone		
Employer Name	Dates Employed		Summarize the nature of the work performed and job responsibilities
Employer Address	From	To	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Employer Telephone		
Employer Name	Dates Employed		Summarize the nature of the work performed and job responsibilities
Employer Address	From	To	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Employer Telephone		

Comments (Including explanation of any gaps in employment): _____

Skills and Qualifications – Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying: _____

EDUCATIONAL BACKGROUND (If job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned if any. D. Grade point average or class rank. E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree/ Diploma	D. GPA/ Class Rank	E. Major	F. Minor

List any additional language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

REFERENCES

List names and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade, business, or civil association and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other protected status.)

Organization	Office Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representation for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for 6 months. At the conclusion at this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant: _____

Date: _____

EEO Policy Statement

Alliance For Community Transformations is an equal opportunity employer and is committed to an active Nondiscrimination Program. It is the stated policy of Alliance For Community Transformations that all employees and applicants shall receive equal consideration and treatment. All recruitment, hiring, placements, transfers, and promotions will be on the basis of qualifications of the individual for the positions being filled regardless of race, color, religion, ancestry, national origin, age, sex, marital status, sexual orientation, medical condition, or physical disability. All other personnel actions such as compensation, benefits, layoffs, returns from layoffs, terminations, and training are also administered regardless of race, color, religion, ancestry, national origin, age, sex, marital status, sexual orientation, medical condition, or physical disability. Additionally, Alliance For Community Transformations adheres to ADA standards.