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| 201 A John Street  Salinas, CA 93901  (831) 424-9186  www.HRCMontereyCounty.org | | | | | | | | | | Colored Logo with name | | |
| The Housing Resource Center is an Equal Opportunity Employer  State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex (including gender), religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law. | | | | | | | | | | | | |
| Note: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship. | | | | | | | | | | | | |
| Personal Information | | | | | | | | | | | | |
| *Please print clearly. Use additional pages if necessary.* | | | | | | | | | | | | |
| 1. Name: | |  | | | |  | | | |  | | |
|  | | Last | | | | First | | | | Middle | | |
| 1. Address: | |  | | | | | |  | |  |  | |
|  | | Street | | | | | | City | | State | Zip | |
| 1. Telephone Number: | | | | | (   )       - | | | 1. Email Address | |  | | |
| 1. Are you at least 18 years old? Yes No *If employed & under the age of 18, can you furnish a work permit?* Yes No | | | | | | | | | | | | |
| 1. Do you have a legal right to work in the United States?  Yes  No | | | | | | | | | | | |  |
| If employed, you will be required to provide proof. | | | | | | | | | | | | |
| 1. Have you applied to the Housing Resource Center of Monterey County for employment in the past?  Yes  No | | | | | | | | | | | | |
| If yes, when? | | |  | | | | | Position applied for: | |  | | |
| 1. Do you have any relatives currently employed by the Housing Resource Center of Monterey County?  Yes  No | | | | | | | | | | | | |
| If yes, who? | | |  | | | | What relation to you? | | |  | | |
| 1. Have you ever used another name that we would need to verify your employment experience and education? | | | | | | | | | | | | |
| Yes  No If yes, indicate such name and the date the name changed: | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| 1. Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime? | | | | | | | | | | | | |
| *Do not disclose convictions related to the possession or use of marijuana more than two years ago.* | | | | | | | | | | | | |
| Yes  No | | | | If yes, state when, where, and the nature of such conviction: | | | | | | | | |
|  |  | | | | | | | | | | | |
| *(In accordance with company policy, this information will be reviewed for job-relatedness and time since last conviction.)* | | | | | | | | | | | | |
| 1. Are you currently employed?  Yes  No *If yes, may we contact your current employer at anytime?*  Yes  No | | | | | | | | | | | | |
| You may contact my current employer, but only when: | | | | | | | | |  | | | |

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| Position | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Position for which you are applying: | | | | | |  | | | | | | | |  | |  | | | | | | | | | |
|  | | | | | | First Choice | | | | | | | |  | | Second Choice | | | | | | | | | |
| 1. Salary/wage desired: | | | | | |  | | | | | | | | per | |  | | | | | | | | | |
| 1. Are you available to work: | | | | | | Full-Time | | | | | Part-Time | | | | | | Temporary | | | | | | | On-Call | |
|  | | | | | | Evenings | | | | | Weekends | | | | | | Overtime | | | | | | | Split Shift | |
|  | | | | | | Other: | | |  | | | | | | | | | | | | | | | | |
| 1. When would you be available to start working? | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 1. How did you hear about the availability of the position for which you are applying? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Web Advertisement | | | Employment Agency | | | | | | Current Employee | | | | | | | | | | | | | | |
|  | | Friend | | | Relative | | | | | | Walk-In | | | Other: | | | | |  | | | | | | |
| 1. If the position you are applying for requires the use of a vehicle, do you have a valid driver’s license? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | |
| License #: | | |  | | | | Class: |  | | | | State: |  | | | | | Expiration Date: | | | | |  | | |
| 1. Have you been given a Job Description, or have the requirements of the job been explained to you?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you understand these requirements? | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | |
| 1. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Special Skills and Training | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Check special skills or training: | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Keyboarding      wpm  Phone Systems  Adding Machine  10-Key  Management  Computer Skills  Other Office Skills  Public/Customer Relations  Customer Service  Information Systems Mgt.  Bookkeeping  Accounting  Graphic Design  Training/Teaching  Journalism/Writing | | | Front Desk Experience  Back Office  Shorthand  Office Management  Administrative  Operations  Marketing  Sales  Distribution  Shipping & Receiving  Inventory Control  Ordering  Retail  Other | | | | | | Please Check Software and List Programs  *(i.e., Word, Excel, etc.)*:  Word Processing | | | | |  | | | | | | | | | | basic  adv. |
| Spreadsheet | | | | |  | | | | | | | | | | basic  adv. |
| Database | | | | |  | | | | | | | | | | basic  adv. |
| Accounting | | | | |  | | | | | | | | | | basic  adv. |
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| 1. Describe specialized training, apprenticeships, skills or research: | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| 1. List current certifications and/or professional licenses, if any, and where registered: | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| 1. Office/business equipment and software qualified or trained to use: | | | | | | | | | | | | | |  | | |  | UNDERSTANDING |
|  | |  | | | | | | | | | | | | | | |  | *FAIR* |
|  | |  | | | | | | | | | | | | | | |  |  |
| 1. Please indicate any language skills, other than English, below: | | | | | | | | | |  | | | | | | |  |  |
| LANGUAGE | | READING | | | SPEAKING | | |  | | | | WRITING | | | |
| *FLUENT* | *GOOD* |  | *FLUENT* | *GOOD* | *FAIR* | *FLUENT* | | *GOOD* | *FAIR* | *FLUENT* | | *GOOD* | *FAIR* |
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| Employment Experience | | | | | | | |
| *Directions:* Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated. | | | | | | | |
| 1. | Employer | | Dates Employed | | | | Key Responsibilities |
|  | From | | To | |  |
|  | Address | |  | |  | |
|  | Full-Time | | Part-Time | |
|  | Telephone Number | Supervisor’s Name, Title and Telephone Number | | | | |
|  |
|  | Job Title | | | Hourly Rate/Salary | | |
|  | Starting | | Final |
|  | Reason for Leaving:  Resigned  Laid off  Discharged  Why? | | |
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| 2. | Employer | | Dates Employed | | | | Key Responsibilities |
|  | From | | To | |  |
|  | Address | |  | |  | |
|  | Full-Time | | Part-Time | |
|  | Telephone Number | Supervisor’s Name, Title and Telephone Number | | | | |
|  |
|  | Job Title | | | Hourly Rate/Salary | | |
|  | Starting | | Final |
|  | Reason for Leaving:  Resigned  Laid off  Discharged  Why? | | |
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| 3. | Employer | | Dates Employed | | | | Key Responsibilities |
|  | From | | To | |  |
|  | Address | |  | |  | |
|  | Full-Time | | Part-Time | |
|  | Telephone Number | Supervisor’s Name, Title and Telephone Number | | | | |
|  |
|  | Job Title | | | Hourly Rate/Salary | | |
|  | Starting | | Final |
|  | Reason for Leaving:  Resigned  Laid off  Discharged  Why? | | |
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| 4. | Employer | | | |
| 5. | Employer | Dates Employed  from       to | Address | Job Title |
| 6. | Employer | Dates Employed  from       to | Address | Job Title |
| 7. | Employer | Dates Employed  from       to | Address | Job Title |
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| Education and Training | | | | | | | | | | |
| Type of School | | School Name, City and State | | | | | Major | | Choose Last Year | |
| High School | |  | | | | |  | | 9  10  11  12 | |
| Community College | |  | | From:  To: | | | Degree:  Yes  No | | 1  2 | |
| College/University | |  | | From:  To: | | | Degree:  Yes  No | | 1  2  3  4 | |
| Graduate School | |  | | From:  To: | | | Degree:  Yes  No | | 1  2  3  4 | |
| Business/Trade/Night School | |  | | From:  To: | | | Degree:  Yes  No | | 1  2  3  4 | |
| Employment References | | | | | | | | | | |
| Name | | | Business Relationship | | | Organization/Address | | | | Telephone |
|  | | |  | | |  | | | |  |
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| Certification | | | | | | | | | | |
| *DIRECTIONS:* Please read the following CAREFULLY and initial before signing this application form. | | | | | | | | | | |
|  | I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of Housing Resource Center of Monterey County regardless of the time that has elapsed before discovery. | | | | | | | | | |
|  | I authorize Housing Resource Center of Monterey County or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Housing Resource Center of Monterey County from all liability or responsibility with respect to information supplied to Housing Resource Center of Monterey County. | | | | | | | | | |
|  | I request, authorize and consent to the procurement of an Background Investigation and Consumer Credit Report and understand that these may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided. | | | | | | | | | |
|  | I understand that filing this application in no way assures me a position with Housing Resource Center of Monterey County, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either Housing Resource Center of Monterey County or myself. I further understand that no one other than the Executive Director of Housing Resource Center of Monterey County has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. | | | | | | | | | |
|  | If employed by Housing Resource Center of Monterey County, I agree to abide by the rules, policies and procedures of Housing Resource Center of Monterey County and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that Housing Resource Center of Monterey County believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Housing Resource Center of Monterey County during the time of my employment. | | | | | | | | | |
|  | | | | |  | | |  | | |
| Signature of Applicant | | | | |  | | | Date | | |