



**APPLICATION FOR EMPLOYMENT**  
An Equal Opportunity Employer

**PERSONAL INFORMATION:**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last First M.

Other Names Used (to verify employment/educational history): \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone – DAY: ( ) \_\_\_\_\_ Email address \_\_\_\_\_

Telephone – EVE: ( ) \_\_\_\_\_ Fax No: \_\_\_\_\_

Are you over age 18? (Circle One) YES NO

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salaried Desired \_\_\_\_\_

( ) Full Time ( ) Part Time ( ) Temporary Specify hours/days: \_\_\_\_\_

If the position for which you are applying requires driving of any vehicle, please provide the following:

Driver's License Number \_\_\_\_\_ Issuing State: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date \_\_\_\_\_

*Please note: You must be qualified, licensed, and insurable in order to hold any position that requires driving.*

**EDUCATION:**

Name and Location of School Major or Course of Study No. of years completed Certificate or Degree Earned

High School

Trade/Business/Correspondence Schools

College

Graduate School

**SKILLS:** List the skills and licenses (including numbers) you possess that are relevant to the position you seek. Use additional paper if needed.

Do you have any other skills that your believe would benefit the Center? Please list

**FORMER EMPLOYERS:** (List employers below, most recent first, and describe employment for the last five years. Indicate periods of unemployment and the reason(s). Use the back of this form if necessary.)

Date (Month & Year)	Employer's Name, Address, Phone Supervisor's Name	Hourly Rate/ Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**GENERAL:** Have you ever been convicted of a felony or a misdemeanor? YES\_\_\_\_\_ NO\_\_\_\_\_ (Do not include any conviction under Health & Safety Code Sections 11357(a) or (b), 113260(c), 11364, 11365 or 11550 related to marijuana dated more than two years ago, or any post-trial diversion program, or any legally expunged conviction.)

Are you currently awiating trial for any criminal offense? YES\_\_\_\_\_ NO\_\_\_\_\_

Have you every initiated an act of violence in your workplace? YES\_\_\_\_\_ NO\_\_\_\_\_

A "yes" answer will not necessarily disqualify your. Please explain any "yes" answer above fully so that individual circumstances can be considered. Use additional paper if needed.

If employed, can you produce verification of your legal right to work in the United States? \_\_\_\_\_ (New employees are required to produce documents that verify their legal right to work in the United States and to declare under penalty of perjury that these documents are their own and genuine.)

I understand that a condition of employment requires that I agree to fingerprinting. I will comply\_\_\_\_\_ I cannot comply\_\_\_\_

Have you previously worked for or applied for a position with THE UKIAH SENIOR CENTER, either as an employee or through an employment agency?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain when and, if employed, in what position:\_\_\_\_\_

What prompted you to apply here?\_\_\_\_\_

If you were referred, please state by whom:

**REFERENCES:** (Give the names of three persons whom you have known for at least three (3) years and who have personal knowledge of your work skills and history. Do not include any relative unless the relative was your employer or manager and is to identified.

Name, Address, Phone	Business	How Long Acquainted?

I, the undersigned, authorize the above-named references to respond to the **Ukiah Senior Center's** request for confirmation of the information in this application, and for information about my skills, work history, reliability, honesty and any tendency to behave violently or in an unsafe, harmful or threatening manner. I hereby release the above-named references from all liability arising therefrom.

Date \_\_\_\_\_ Signature \_\_\_\_\_

I request and authorize investigation by **The Ukiah Senior Center** of all statements contained in this application. I affirm that the information provided in this application for employment (and/or accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsification (including misrepresentation or omission of facts) may result in immediate removal of my application regardless of when such falsification is discovered. I request and authorize **The Ukiah Senior Center** to secure information related to this application and my experience, certification and/or licensure from former employers, educational institutions, sources of certification or licensing, and governmental/judicial agencies (including, but not limited to, the Social Security Administration and Department of Motor Vehicles). I authorize those parties to provide such information to The Ukiah Senior Center, and/or representative of Gall & Gall Company, Inc., and release them, **The Ukiah Senior Center**, and Gall & Gall Company Inc., from any liability arising therefrom. Furthermore, I hereby release and hold harmless agents, owners and affiliates of **The Ukiah Senior Center**, and/or any representative of Gall & Gall Company, Inc, but not limited to the following: The officers, directors and employees of any criminal justice agency in any or all federal, state, city and county jurisdictions. State Department of Motor Vehicle/Driver's License Records, Military National Personnel Record Center, and educational institutions. Any individual company, firm, corporation present and/or past employers or public agencies, (including the Social Security Administration and the Immigration and Naturalization Service), that shall provide information to **The Ukiah Senior Center** and/or representatives of Gall & Gall Company, Inc., upon request, from and against any and all claims, demands, suits, or expenses or related to the content, validity, or handling of said reports.

I specifically request, authorize and consent to **The Ukiah Senior Center's** thorough investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. **The Ukiah Senior Center** has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment.

I agree that a photocopy or telephonic facsimile of this authorization shall be as valid as the original.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE

The Ukiah Senior Center's policy is to fill every position without regard to considerations made unlawful by federal, state or local laws, such as race, color, religion, creed, sex, marital status, age over 40, national origin, ancestry, physical or mental disability, sexual orientation, medical condition, or any other consideration made unlawful by federal, state or local laws. The Ukiah Senior Center is an equal opportunity employer and selects employees on the basis of ability, experience, training, and character. Please contact the Board of Directors of The Ukiah Senior Center, if you have any questions or complaints regarding this policy.