



P.O. Box 6520
 8445 W. Elowin Court
 Visalia, CA 93290
 559/651-1000
 559/651-3634 Fax

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For		Date of Application					
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Walk- In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other							
Last Name		First Name	Middle Name				
Address	Number	Street	City		State	Zip Code	Telephone Number(s)
Email			Social Security Number				

Have you ever filed an application with us before? Yes No *If Yes, give date* _____

Have you ever been employed with us before? Yes No *If Yes, give date* _____

Are you currently employed? Yes No

On what date would you be available for work? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigrant status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No Not Applicable

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No *If Yes, attach explanation*
Conviction will not necessarily disqualify an applicant from employment.

Are you related to any SHE staff member or Board Member? Yes No *If Yes, please list names*

What is your minimum acceptable salary? \$ _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree Received
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Professional or Vocational Licenses				

Indicate fluency in languages other than English	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

California Driver's License Number: _____ Expiration Date _____

****You must attach a recent DMV Driver Record Report****

Can you provide a car to be used on the job if necessary? Yes No

Can you provide a Certificate of Automobile Liability Insurance? Yes No

Can you travel if a job requires it? Yes No

Circle counties where you are willing to work:

Fresno Kern Kings Madera Mariposa Merced Stanislaus Tulare

Employment Experience

Start with your present or last job. You may include job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Present Employment	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title			
	Reason for Leaving	Supervisor		

May we contact your present employer? Yes No

2.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor		

3.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor		

4.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor		

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Additional Information

State any additional information you feel may be helpful to us in considering your application.

References

1.	_____	_____
	(Name)	Phone#

	(Address)	
2.	_____	_____
	(Name)	Phone#

	(Address)	
3.	_____	_____
	(Name)	Phone#

	(Address)	

Applicant's Statement

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

**APPLICATIONS ARE VALID FOR THREE MONTHS FROM THE DATE OF FILING.
INCOMPLETE APPLICATIONS MAY BE REJECTED.**

The following questions should be addressed below. Use additional paper if necessary.

- A. Referring specifically to the Job Description, explain how your work experience and education prepare you for this position.
- B. Describe two areas in which you have achieved the greatest success. Why do you feel this way?

SELF-HELP ENTERPRISES
Additional Information from Construction Applicants

1. Construction trade in which you have most experience.

2. Indicate the amount of experience you have had in each of the trades listed below by rating as 1, 2, 3, or 4.

- 1 = Large Amount of Experience
- 2 = Some Experience
- 3 = Little Experience
- 4 = No Experience

- a. _____ Concrete Slabs
- b. _____ Plans & Specifications
- c. _____ Codes
- d. _____ Framing and Trusses
- e. _____ Electrical Work
- f. _____ Sheet Metal Work
- g. _____ Heating and Cooling
- h. _____ Painting
- i. _____ Floor Tile
- j. _____ List any other area in which you think you might need some help:

3. Have you ever worked as a foreman or supervisor? Yes [] No []

4. If answer is "Yes," how many people were under your supervision? Check one of the following:

- 1 - 10 _____
- 11 - 25 _____
- 26 - 50 _____
- 50 and above _____

5. Have you ever done any teaching such as military service, apprentice training, etc?
Yes [] No []

6. Do you have a First Aide Certificate? Yes [] No []

If so, list date _____

7. List other information you would like to add that would be pertinent. (Use back of sheet.)

Date

Signature

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

This information will be detached from this application and will be available only for statistical purposes. It will not have any effect on your application.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or mental or physical disability.

Position Applied For _____ Application Date: _____

Referral Source Advertisement (source) _____ Walk-in
 SHE Employee Relative
 Government Employment Agency Private Employment Agency
 Other (specify) _____ Job announcement (where) _____
 World Wide Web

NAME _____
Last First Middle

As required, in order to comply with the United States government regulations including Affirmative Action and Equal Opportunity record-keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Thank you for your cooperation.

This survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

PLEASE CHECK THE BOXES THAT APPLY:

Male Female

Ethnic Origin

- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Black
- White

Veteran/Handicapped Status

- Veteran
- Disabled Veteran
- Disabled Individual

An Equal Opportunity Employer