



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:*

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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.

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

May we contact your present employer?  Yes  No

2.

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

3.

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

4.

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

## **Other Qualifications**

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

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# Additional Information

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

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## 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?

## 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

<input type="checkbox"/> Advertisement (source) _____	<input type="checkbox"/> Walk-in
<input type="checkbox"/> SHE Employee	<input type="checkbox"/> Relative
<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Job announcement (where) _____
	<input type="checkbox"/> 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*