



**Employment Application**

3530 Camino Del Rio North, Suite 300  
 San Diego, CA 92108  
 FAX: (619) 282-8210  
 E-mail: hr@voa-swcal.org

Date Application Received by H.R.: \_\_\_\_\_ Referred by: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION DESIRED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIL ADDRESS (IF DIFFERENT): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ MESSAGE/CELL PHONE NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

HOW DID YOU BECOME AWARE OF OUR ORGANIZATION/POSITION? \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ HOURS AVAILABILITY  FULL-TIME  PART-TIME  ON-CALL

DAYS & SHIFT TIMES YOU ARE AVAILABLE: \_\_\_\_\_

ARE YOU ABLE TO WORK OVERTIME IF REQUIRED?  YES  NO

ARE YOU EMPLOYED NOW?  YES  NO IF YES, MAY WE CALL YOU AT WORK?  YES  NO

IF YES, PLEASE LIST WORK HOURS AND TELEPHONE NUMBER: \_\_\_\_\_

HAVE YOU APPLIED TO VOLUNTEERS OF AMERICA BEFORE?  YES  NO

PREVIOUSLY EMPLOYED HERE?  YES  NO IF YES, WHY DID YOU LEAVE? \_\_\_\_\_

IF YES, LIST POSITION HELD AND DATE EMPLOYMENT ENDED: \_\_\_\_\_

ARE YOU RELATED TO, OR LIVING WITH ANYONE EMPLOYED BY VOLUNTEERS OF AMERICA?  YES  NO

IF YES, GIVE NAME: \_\_\_\_\_ NAME/LOCATION OF PROGRAM: \_\_\_\_\_

COMPUTER SOFTWARE YOU USE PROFICIENTLY: \_\_\_\_\_

<b>EDUCATION</b>			
<b>SCHOOL NAME/ LOCATION</b>	<b>MAJOR COURSE OF STUDY</b>	<b>DIPLOMA/DEGREE</b>	<b>NUMBER OF YEARS ATTENDED</b>
HIGH SCHOOL			
COLLEGE, TRADE OR VOCATIONAL SCHOOL(S) <i>(Transcript showing completion of courses or degree must be submitted at interview)</i>			
<b>LICENSURE OR CERTIFICATION:</b> <i>(If required for position, list type, number, state, and date issued) Has your license/certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state reason(s), date of revocation or suspension and date of reinstatement.</i>			

**PERSONAL INFORMATION**

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NAME: \_\_\_\_\_

HAVE YOU EVER USED OR BEEN EMPLOYED UNDER ANOTHER NAME?  YES  NO

IF SO, PLEASE PRINT NAME(S): \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NO      CAN YOU SHOW PROOF OF AGE?  YES  NO

FOR JOBS INVOLVING DRIVING WHILE WORKING, YOU MUST BE AT LEAST 21 YEARS OF AGE ... ARE YOU?  YES  NO

FOR JOBS INVOLVING DRIVING WHILE WORKING CAN YOU PROVIDE A VALID CALIFORNIA DRIVERS LICENSE AND PROOF OF A CLEAR DRIVING RECORD?  YES  NO

AFTER HIRE, CAN YOU PRESENT EVIDENCE OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY?  YES  NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATION?  YES  NO, IF NO, PLEASE DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED. \_\_\_\_\_

HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY?  YES  NO  
IF YES, PLEASE INDICATE THESE SKILLS: \_\_\_\_\_

IF YOU ARE APPLYING TO WORK IN ONE OF THE ALCOHOL & DRUG RECOVERY PROGRAMS, AND YOU ARE IN RECOVERY YOURSELF, PLEASE LIST THE DATE YOUR CONTINUOUS SOBRIETY/RECOVERY FROM SUBSTANCE ABUSE BEGAN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEAMEANOR\*)?  YES  NO

*\*Do not identify marijuana-related misdemeanor convictions occurring more than two years ago or convictions for which the criminal record has been expunged, sealed or eradicated by the court, or misdemeanor convictions for which any probation has been completed and the case dismissed by the court. If you answered "YES" to the above question, please explain on attached form. Convictions will not necessarily disqualify you from employment.*

**PAST EMPLOYMENT INFORMATION**

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NAME: \_\_\_\_\_ LIST PRESENT AND PAST JOBS FOR THE LAST 10 YEARS

If additional space is needed to list employers for the last 10 years, please copy this page and attach additional pages as needed.

**(BEGIN WITH MOST RECENT JOB and COMPLETE ALL BLANKS)**

POSITION TITLE: \_\_\_\_\_ USUAL # OF HOURS WORKED PER WEEK \_\_\_\_\_

PRIMARY DUTIES: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAY WE CONTACT THIS PERSON?  YES  NO IF NO, ARE YOU WILLING TO DISCUSS WHY\*? \_\_\_\_\_

REASON(S) FOR SEEKING OTHER EMPLOYMENT: \_\_\_\_\_

*\*Offer will be contingent upon verification of information provided, but we will wait until you have accepted offer to contact this employer.*

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POSITION TITLE: \_\_\_\_\_ USUAL # OF HOURS WORKED PER WEEK \_\_\_\_\_

PRIMARY DUTIES: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAY WE CONTACT THIS PERSON?  YES  NO IF NO, ARE YOU WILLING TO DISCUSS WHY? \_\_\_\_\_

REASON(S) FOR LEAVING: \_\_\_\_\_

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POSITION TITLE: \_\_\_\_\_ USUAL # OF HOURS WORKED PER WEEK \_\_\_\_\_

PRIMARY DUTIES \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAY WE CONTACT THIS PERSON?  YES  NO IF NO, ARE YOU WILLING TO DISCUSS WHY? \_\_\_\_\_

REASON(S) FOR LEAVING: \_\_\_\_\_

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**CERTIFICATION, AUTHORIZATION & RELEASE**

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PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH AND SIGN BELOW

I hereby certify I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Initials: \_\_\_\_\_

I hereby authorize Volunteers of America of Southwest California to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Volunteers of America of Southwest California any and all letters, reports and other information related to my work records, without giving me prior notice to such disclosure. In addition, I hereby release Volunteers of America of Southwest California, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. Initials: \_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Volunteers of America of Southwest California. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Volunteers of America of Southwest California, and that no promises or representations contrary to the foregoing are binding on Volunteers of America of Southwest California unless made in writing and signed by me and Volunteers of America of Southwest California designated representative. Initials: \_\_\_\_\_

Should search of public records (including records documenting conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Volunteers of America of Southwest California, I am entitled to copies of any such public records obtained by Volunteers of America of Southwest California unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. Initials: \_\_\_\_\_

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**(ADDENDUM TO APPLICATION)**

NAME: \_\_\_\_\_

**CRIMINAL RECORD AND/OR TRAFFIC VIOLATION INFORMATION**

WHAT WAS THE OFFENSE (CHECK TYPE AND EXPLAIN BELOW)

FELONY             MISDEMEANOR             INFRACTION

1. IN WHICH STATE AND CITY DID YOU COMMIT THE OFFENSE(S)?

2. PLEASE LIST DATE(S) OF OFFENSE(S), IDENTIFYING TYPE WITH DATE, IF MULTIPLE:

3. PLEASE EXPLAIN WHAT HAPPENED. USE ADDITIONAL SHEETS OF PAPER IF NEEDED:

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**Signature**

**Date**

## VOLUNTARY APPLICANT DATA RECORD

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities. To help us comply, please fill out this data record. Completing this data record survey is voluntary. We appreciate your cooperation. Declining to provide this information will not subject you to adverse treatment. All data records are kept in a confidential file and are not a part of your application for employment or personnel file.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Gender:**  Female  Male Do not wish to specify gender:

Military Veteran?  Yes  No Vietnam Era Veteran?  Yes  No Disabled Veteran?  Yes  No

Disabled?  Yes  No

### **Race/Ethnicity: (Check only the category you identify with most)**

Hispanic or Latino (All Races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

African American/Black (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native American Indian/Alaskan Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand and Vietnam.

Native Hawaiian/Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Hawaiian, Philippine, or other Pacific Ocean Islands

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Two or more of these categories, and I do not consider myself a part of any listed category

I do not wish to specify race/ethnicity