

APPLICATION FOR EMPLOYMENT

The Janet Pomeroy Center

*Recreation, Education, Vocational Rehabilitation
and Respite Care for Individuals with Disabilities*

207 SKYLINE BOULEVARD

SAN FRANCISCO, CA 94132

TEL: (415) 665-4100

FAX: (415) 665-7543

DATE:
POSITION(S) AND/OR AREA PREFERRED 1. 2.
DATE AVAILABLE TO BEGIN WORK
SALARY REQUIREMENT

GENERAL INFORMATION

NAME (LAST, FIRST, MIDDLE)	
STREET ADDRESS	SOCIAL SECURITY NUMBER -----
CITY, STATE, ZIP	HOME PHONE ()
HOW DID YOU HEAR OF THIS POSITION?	BUSINESS OR HOME PHONE ()
HAVE YOU EVER APPLIED AT JPC BEFORE?	<input type="checkbox"/> YES IF YES, WHEN? FOR WHAT POSITION? <input type="checkbox"/> NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED AT JPC?	<input type="checkbox"/> YES IF YES, WHEN? IN WHAT DEPARTMENT? <input type="checkbox"/> NO
ARE YOU RELATED TO ANYONE IN OUR EMPLOY?	<input type="checkbox"/> YES IF YES, WHOM? <input type="checkbox"/> NO
IF NOT A U.S. CITIZEN, ARE YOU ABLE TO PROVIDE PROOF OF YOUR RIGHT TO WORK IN THE U.S? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (EXCLUDE ANY MINOR TRAFFIC VIOLATIONS FOR WHICH THE FINE WAS \$50 OR LESS BEFORE APRIL 4, 1984 OR \$100 OR LESS AFTER APRIL 5, 1984.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE CIRCUMSTANCES, PLACE(S) AND DATE(S) (THE EXISTENCE OF A CRIMINAL RECORD WILL NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.)	
PLEASE INDICATE WHAT SCHEDULE(S) YOU ARE WILLING TO WORK:	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> DAY SHIFT
<input type="checkbox"/> PART TIME	<input type="checkbox"/> EVENING SHIFT
<input type="checkbox"/> CASUAL / SUB	<input type="checkbox"/> ROTATING SHIFTS
<input type="checkbox"/> MONDAY	<input type="checkbox"/> THURSDAY
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> FRIDAY
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> SATURDAY
<input type="checkbox"/> SUNDAY	<input type="checkbox"/> HOLIDAYS
IF PART TIME, PLEASE INDICATE HOURS YOU ARE AVAILABLE TO WORK: _____	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND APPLICANTS WILL BE SELECTED FOR EMPLOYMENT SOLELY ON THE BASIS OF THEIR QUALIFICATIONS FOR A GIVEN POSITION, AND WITHOUT REGARD TO RACE, COLOR, ANCESTRY, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, DISABILITY, MEDICAL CONDITION (CANCER RELATED), AGE (OVER 40) AND MARITAL STATUS.

EMPLOYMENT RECORD				INSTRUCTIONS: LIST PRESENT OR MOST RECENT EMPLOYER FIRST. INCLUDE VOLUNTEER AND MILITARY SERVICE. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET.			
FROM		TO		COMPANY		TELEPHONE NO.	
MONTH	YEAR.	MONTH	YEAR			()	
SALARY				STREET ADDRESS, CITY, STATE, ZIP			
START		FINAL OR CURRENT		SUPERVISOR'S NAME		SUPERVISOR'S TITLE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME WORKED UNDER:							
REASON FOR LEAVING:							
TITLE / STATUS (FULL TIME, PART TIME, SUB):							
DUTIES AND SPECIALTY AREAS:							
FROM		TO		COMPANY		TELEPHONE NO.	
MONTH	YEAR.	MONTH	YEAR			()	
SALARY				STREET ADDRESS, CITY, STATE, ZIP			
START		FINAL OR CURRENT		SUPERVISOR'S NAME		SUPERVISOR'S TITLE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME WORKED UNDER:							
REASON FOR LEAVING:							
TITLE / STATUS (FULL TIME, PART TIME, SUB):							
DUTIES AND SPECIALTY AREAS:							
FROM		TO		COMPANY		TELEPHONE NO.	
MONTH	YEAR.	MONTH	YEAR			()	
SALARY				STREET ADDRESS, CITY, STATE, ZIP			
START		FINAL OR CURRENT		SUPERVISOR'S NAME		SUPERVISOR'S TITLE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME WORKED UNDER:							
REASON FOR LEAVING:							
TITLE / STATUS (FULL TIME, PART TIME, SUB):							
DUTIES AND SPECIALTY AREAS:							
FROM		TO		COMPANY		TELEPHONE NO.	
MONTH	YEAR.	MONTH	YEAR			()	
SALARY				STREET ADDRESS, CITY, STATE, ZIP			
START		FINAL OR CURRENT		SUPERVISOR'S NAME		SUPERVISOR'S TITLE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME WORKED UNDER:							
REASON FOR LEAVING:							
TITLE / STATUS (FULL TIME, PART TIME, SUB):							
DUTIES AND SPECIALTY AREAS:							
FROM		TO		COMPANY		TELEPHONE NO.	
MONTH	YEAR.	MONTH	YEAR			()	
SALARY				STREET ADDRESS, CITY, STATE, ZIP			
START		FINAL OR CURRENT		SUPERVISOR'S NAME		SUPERVISOR'S TITLE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME WORKED UNDER:							
REASON FOR LEAVING:							
TITLE / STATUS (FULL TIME, PART TIME, SUB):							
DUTIES AND SPECIALTY AREAS:							

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 GED	COLLEGE 1 2 3 4 5	POST GRADUATE 1 2 3 4 5	MAJOR	NO. OF YEARS COMPLETED	DEGREE(S) OBTAINED	DATE LEFT OR GRADUATED
JUNIOR COLLEGE	LOCATION					
COLLEGE OR UNIVERSITY	LOCATION					
OTHER EDUCATION OR SPECIAL TRAINING (INCLUDE MILITARY)	LOCATION					
POST GRADUATE OR SPECIAL TECHNICAL COURSES	LOCATION					

PROFESSIONAL AFFILIATIONS:

CLERICAL SKILLS	CERTIFICATIONS / LICENSES	OTHER
<input type="checkbox"/> TYPING WPM <input type="checkbox"/> TOUCH METHOD 10 KEY <input type="checkbox"/> PERSONAL COMPUTER <input type="checkbox"/> SWITCHBOARD <input type="checkbox"/> SHORTHAND / SPEEDWRITING WPM <input type="checkbox"/> ACCOUNTS PAYABLE <input type="checkbox"/> PAYROLL	<input type="checkbox"/> C.P.R EXPIRATION DATE _____ <input type="checkbox"/> FIRST AID EXPIRATION DATE _____ <input type="checkbox"/> BASIC WATER SAFETY _____ <input type="checkbox"/> WATER SAFETY INSTRUCTION _____ <input type="checkbox"/> CLASS II DRIVERS LICENSE _____ <input type="checkbox"/> OTHER PROFESSIONAL LICENSE(S) OR CERTIFICATE(S) _____	FINGERPRINTS ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ LANGUAGE SKILLS _____ _____ MECHANICAL SKILLS _____ _____ _____

LIST THE RECREATION ACTIVITIES YOU ARE CAPABLE OF LEADING:

PLEASE PROVIDE ANY ADDITIONAL COMMENTS ABOUT YOUR CAREER OBJECTIVES, SPECIAL QUALIFICATIONS, OR ACHIEVEMENTS THAT MAY ASSIST IN OUR EVALUATIONS:

I HEREBY CERTIFY THAT ALL ANSWERS AND STATEMENTS MADE ON THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISLEADING, MISREPRESENTATION AND/OR OMISSION OF INFORMATION WILL CAUSE THIS APPLICATION TO BE REJECTED AND WILL BE CAUSE FOR TERMINATION OF EMPLOYMENT. I FURTHER UNDERSTAND THAT FINAL EMPLOYMENT IS BASED ON COMPLETION OF ALL EMPLOYMENT REQUIREMENTS AND PROCEDURES, INCLUDING INTERVIEW(S), REFERENCE CHECKS, VERIFICATIONS, PHYSICAL EXAMINATION AND FINGERPRINTING.

I AUTHORIZE ORGANIZATIONS AND PERSONS NAMED ABOVE TO GIVE INFORMATION ABOUT ME AND I HEREBY RELEASE THEM FROM ALL LIABILITY.

IF EMPLOYED, I AGREE TO OBSERVE ALL RULES, REGULATIONS, POLICIES AND PROCEDURES AS THEY RELATE TO THE JANET POMEROY CENTER EMPLOYEES AT ALL TIMES. I UNDERSTAND THAT ALTHOUGH I MAY BE EMPLOYED FOR A PARTICULAR POSITION AND SHIFT, IT MAY BE NECESSARY TO ACCEPT DIFFERENT ASSIGNMENTS, WORK SCHEDULES OR WORKING HOURS. EMPLOYMENT IS AT-WILL AND MAY BE TERMINATED AT ANYTIME BY EITHER PARTY.

SIGNATURE: _____

DATE: _____