

ALLIANCE FOR WORKFORCE DEVELOPMENT, INC.

Administrative Office

1915 E. Main Street/P.O. Box 3750 Telephone: (530) 283-3933

Quincy, CA 95971 Fax: (530) 283-1199

EMPLOYMENT APPLICATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Name: _____ Date: _____

Address: _____
street city state zip

Telephone number: _____ Are you over 18 year old? Yes: ____ No: ____

Are you authorized to work in the U.S. on an unrestricted basis? Yes: ____ No: ____

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes: ____ No: ____

Can you perform these essential functions with or without reasonable accommodation? Yes: ____ No: ____

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred: _____ Part-Time: _____ Full-Time: _____

Are you willing to work overtime as required? Yes: ____ No: ____

Have you ever been convicted of a felony? Yes: ____ No: ____

(Convictions will not necessarily disqualify an applicant for employment.) If yes, describe conditions: _____

EDUCATION	NAME /LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA OR DEGREE
High School				
College/University				
College/University				

Other Training/Education: _____

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work?

TYPES OF POSITIONS INTERESTED IN: 1. _____ 2. _____

Wage or salary desired: \$ _____ When can you start? _____

WORK HISTORY
(Complete all sections as thoroughly as possible.)

Most Recent Employer:			
Date Started:	Starting Salary: \$	Per:	Starting Position:
Date Left:	Ending Salary: \$	Per:	Position on Leaving:
Name and Title of Supervisor:			
Description of Duties:		Reason for Leaving:	
Previous Employer:		Address:	Telephone:
Date Started:	Starting Salary: \$	Per:	Starting Position:
Date Left:	Ending Salary: \$	Per:	Position on Leaving:
Name and Title of Supervisor:			
Description of Duties:		Reason for Leaving:	
Previous Employer:		Address:	Telephone:
Date Started:	Starting Salary: \$	Per:	Starting Position:
Date Left:	Ending Salary: \$	Per:	Position on Leaving:
Name and Title of Supervisor:			
Description of Duties:		Reason for Leaving:	
Previous Employer:		Address:	Telephone:
Date Started:	Starting Salary: \$	Per:	Starting Position:
Date Left:	Ending Salary: \$	Per:	Position on Leaving:
Name and Title of Supervisor:			
Description of Duties:		Reason for Leaving:	

APPLICANTS CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Applicant for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Corporation to make an investigation of any of the facts set forth in this application and release the Corporation from any liability.

I understand that employment with this Company is "at-will" which means that either I or the Corporation can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager the Corporation, other than the Executive Director in a signed writing has any authority to alter the foregoing.

Applicant's Signature: _____

Date: _____