

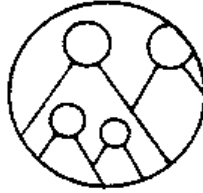
FAMILY RESOURCE & REFERRAL CENTER

Serving Communities for over 35 years

509 W. Weber Ave., Suite 101

Stockton, California 95203

Phone: (209) 948-1553
Community Resource and Referral
Child Care Assistance
Early Care and Education
Child Nutrition



Toll Free Phone: (800) 526-1555
Fax: (209) 948-3554
Administration
www.frrcsj.org

APPLICATION FOR EMPLOYMENT

Please complete application fully. If an item does not apply note "N/A". For additional employment history request or attach an additional sheet. . Do not provide information that is not requested.

Date: _____ Position: _____

Personal Information:

Name: _____ Phone: _____

Address _____ City: _____ State: _____ ZIP: _____

Previous Addresses:

Address _____ City: _____ State: _____ ZIP: _____

Address _____ City: _____ State: _____ ZIP: _____

Emergency Contact _____ Phone: _____

Are you currently employed? Yes No When are you available to start? _____

Do you have any relatives working for Family Resource & Referral? Yes No
If yes, Name(s): _____

Are you available to work some non-traditional hours? Yes No

Are you eligible to work in the US? Yes No (you will be required to furnish proof of eligibility upon offer of employment.)

Have you ever been convicted of a crime? If yes, give details (note that conviction of a crime does not automatically disqualify you). Do not include information about crimes that have been legally sealed, expunged, or statutorily eradicated, or information about marijuana related misdemeanor convictions that are more than two years old.

Are you a current or former Head Start participant? Yes No _____

Positions contracted under the S.J. County Office of Education Head Start San Joaquin require our agency to determine if applicants are retirees of CalPERS or CalSTRS and to report any FRRC earnings. Are you such a retiree? Yes No

Are you under 18 years of age? Yes No

How did you hear about the opening? _____

Are you willing to take a drug test? Yes No. Current illegal drug use will disqualify you from consideration from employment. All job offers are contingent upon taking, and passing, a pre-hire drug test.

If the position you are applying for requires any of the following pre-employment tests or clearances, are you willing to take those applicable? (All required pre-employment tests will be scheduled and paid for by the agency.)

Pre-employment physical? Yes No. Criminal Background fingerprint check? Yes No.

TB or other health test? Yes No.

EMPLOYMENT HISTORY

Please list your employment history, starting with your current or most recent employer, for the last ten years. If you have held more than one position for an employer please complete 1 box for each position. Please account for all time, even if not employed. Please fill out all information completely. **PREVIOUS WAGE INFORMATION FOR EACH JOB LISTED IS REQUIRED TO BE CONSIDERED FOR EMPLOYMENT.**

Employer Name and Address:	From	To	Supervisor	Phone
	Starting Wage:			
	Ending Wage:			
	May We Contact:	Yes	No	
Position and Duties:	Reason for Leaving:			

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	May We Contact:	Yes	No	
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EDUCATION INFORMATION

School Name	Date Graduated Y or N	Course Work	Degree / Major / Certificate
High School:	XXXXXXXX		
Address:	XXXXXXXX		
	XXXXXXXX		
College:			
Address:			
College:			
Address:			

WORK RELATED REFERENCES

List 3 professional references (not relatives) known for at least 1 year.

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Phone</u>	<u>Date Acquainted</u>
1.				
2.				
3.				

GENERAL INFORMATION

1. Related subjects of special study: _____

2. Special skills: _____

3. What foreign languages do you speak fluently? _____

Read Fluently: _____

Write fluently: _____

Please attach a resume including your employment history and photo copies of any certificates or diplomas from your education.

If any special accommodations are needed for you to perform the essential duties of this position, please attach an additional sheet of paper describing these needs. You may contact the Agency to request an accommodation at any time in the employment process.

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer or employment or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered. I release Family Resource & Referral Center and my former employers, references and other sources contacted from any and all liability for references or other inquiries for the purpose of verifying information on this application or my suitability for a position with Family Resource & Referral Center.

I agree that, just as I have, if hired, the right to terminate my employment at any time, with or without cause and with our without notice, the Agency may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of the Agency, other than its Executive Director or a designee of the Executive Director, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, In the past or in the future. I further understand that such an agreement must be in writing and signed by the executive Director for it to be binding on either myself or the Agency. I further understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary. (By signing your name below, you are stating that you have read, understood, and agreed to the above.)

SIGNATURE

DATE

The Family Resource and Referral Center is funded by state contracts which are subject to annual review.

REVISED 09/12/16