



**AMADOR-TUOLUMNE COMMUNITY ACTION AGENCY
APPLICATION FOR EMPLOYMENT**

Position applying for: _____
A separate application must be submitted for each position applied for.

Office use only
 Date Received: _____
 By: _____
 Application #: _____

13. Are you on lay-off and subject to recall? () Yes () No
14. If required by the job, do you have a valid California Drivers license? () Yes () No
 If yes, Drivers license number: _____ Expiration date: _____ Class: _____
 For insurance purposes, are you under age 21? () Yes () No

ADDITIONAL BACKGROUND

The following section must be completed. In addition, you may attach a resume or other relevant documentation to further describe your qualifications.

15. A resume is attached. () Yes () No

16. List High Schools, Universities or colleges you have attended.

Name/Location	Diploma/Degree	Course of study/Major	Major/degree earned

17. Indicate any specialized training, apprenticeships, or workshops attended.

Name/Location	Description	Duration	Certificate/License

18. Comment on other experience or skills which you feel qualify you for this position.



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PREVIOUS EMPLOYMENT EXPERIENCE AND REFERENCES

19. List all positions held within the last 10 years, including volunteer or military service, beginning with your most recent experience. Add additional page if necessary.

Dates (Month and Year) From: _____ To: _____ Title: _____ Reason for Leaving: _____ _____ _____	Name and Address of Current or Last Employer: Telephone #: _____ _____ _____ Supervisor: _____ Duties Performed: _____ _____
Dates (Month and Year) From: _____ To: _____ Title: _____ Reason for Leaving: _____ _____ _____	Name and Address of Employer: Telephone #: _____ _____ _____ Supervisor: _____ Duties Performed: _____ _____
Dates (Month and Year) From: _____ To: _____ Title: _____ Reason for Leaving: _____ _____ _____	Name and Address of Employer: Telephone #: _____ _____ _____ Supervisor: _____ Duties Performed: _____ _____
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20. Explain all gaps between employment periods.

21. List names of three persons, as personal or business references, not related to you or living in your household, who are not previous supervisors.

Name & Address	Phone/Fax/Email	# years known
Name: Address:		
Name: Address:		
Name: Address:		

22. Why would you like to work in this ATCAA position?



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APPLICANT AGREEMENT

Please read and initial each paragraph. Sign below.

- ___ 1. I certify that all the information I have provided on the application is true, complete and accurate. I understand that any omissions, including failing to reveal any prior employment I have had within the past ten years, or false statements in this application or in any subsequent interviews may result in rejection of this application or in my immediate termination if I am hired, regardless of when such omissions or false statements are discovered.
- ___ 2. I authorize ATCAA to obtain information from my references regarding educational record, job performance, job status, community involvement and any other employment related information. I authorize schools, employers and any personal references I have listed to release information about me upon request by ATCAA, regardless of any prior agreement to the contrary I may have made.
- ___ 3. Nothing in this application is intended to create an employment contract or agreement for employment unless I am hired by ATCAA. I understand that if I am hired by ATCAA, all the provisions contained in this application for employment will be part of the employment arrangement between ATCAA and myself, and are binding on me.
- ___ 4. I understand that if I am employed, my employment is at-will, for no specific period of time and may be terminated by ATCAA or myself at any time, with or without cause, and with or without prior notice. No representative of ATCAA has made any promises or other statements to me implying that, if I am hired, I will be employed under any terms other than what is stated above. If a monthly or yearly salary has been or is mentioned to me, it is only used for convenience and does not change the fact that employment can be terminated at any time.
- ___ 5. I understand that I will be considered only for the specific position listed on this application form. I understand that I must submit a new application if I desire to be considered for another available position or for any position after the expiration date of this application.
- ___ 6. I understand that ATCAA is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, age, sex, national origin, citizenship, marital status or disability. If requested ATCAA can supply additional information about the Federal Americans with Disabilities Act (ADA) reasonable accommodation and other employment-related issues.
- ___ 7. I understand that employment may be subject to the applicant's satisfactory completion of a medical examination and fingerprint clearance.
- ___ 8. I understand that the above terms cannot be changed except in a written document signed by the ATCAA Executive Director and myself.

Applicant's Signature: _____ Date: _____



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Application for Employment

Position applying for: _____

AFFIRMATIVE ACTION SURVEY

Our government funding agencies require periodic reports on the sex, ethnicity, disability and veteran status of job applicants. This data is for analysis and affirmative action only. Submission of information is voluntary. This form will be removed by A-TCAA's Personnel Department prior to the Screening Committee review of applications.

MALE FEMALE

60 OR OLDER: YES NO

RACE/ETHNIC GROUP:

- White/Caucasian
- African American
- Hispanic
- American Indian / Alaskan Native
- Asian / Pacific Islander

CHECK IF THE FOLLOWING ARE APPLICABLE:

- Disabled Vietnam Veteran
- Vietnam Era Veteran
- Disabled Individual
- Single Parent / Head of Household
- Non-English Speaking