



5Cities Homeless Coalition

An Affirmative Action/Equal Opportunity Employer

P.O. Box 558 | Grover Beach, CA 93483 | (805) 574-1638

5cities homeless coalition
resources. support. hope.

APPLICATION FOR EMPLOYMENT

Thank you for your interest in applying for employment with 5Cities Homeless Coalition, which is an Affirmative Action/Equal Opportunity Employer that does not unlawfully discriminate on the basis of race, color, religion, creed, national origin, sex, marital status, age, the presence of any disability except where such is a bona fide occupational qualification, or any other protected status covered by federal and state law. Our application process may include some or all of the following:

- A completed application
- Resumé
- Interview(s)
- Reference check
- Background check
- Driving record check
- Criminal record check
- Physical/drug screen
- Proof of current TB test
- CPR/First Aid Certification

How did you hear about us? Check all that apply:

<input type="checkbox"/> 5CHC Website	<input type="checkbox"/> Relative or Friend
<input type="checkbox"/> 5CHC Email	<input type="checkbox"/> 5CHC Employee
<input type="checkbox"/> Online Job Board (which one?)	

<input type="checkbox"/> Other (please specify)	

This application process may require us to make inquiries about your academic history, certification, licensing, past employment, criminal history or other areas you may generally consider private, using public records and/or databases such as the Megan’s Law website. Please be aware this information is necessary for us to properly evaluate your suitability as a candidate for employment with 5Cities Homeless Coalition.

If you successfully pass the initial application process and you are being considered for employment, you will be required to provide appropriate information in order to begin the background and reference check process. Upon hire, you will be required to provide documents as proof of your eligibility to work in the United States. Being aware of these things, if you wish to continue with the application process, please complete this application, including execution of the acknowledgement below.

ACKNOWLEDGEMENT

I, _____ (*print name*), understand that the application for employment process with 5Cities Homeless Coalition (5CHC) may include, among other above-referenced areas, inquiry into my past employment, written evaluations, and a physical/drug screen. I authorize 5Cities Homeless Coalition to make these inquiries and administer evaluations and the physical/drug screen, and I waive my rights to privacy in these areas. I understand that information received will be kept confidential and released only to those personnel involved in the hiring determination process.

Signature

Date

PLEASE PRINT

Position _____ Interested In Part-time Full-time Temporary

NAME First _____ Middle _____ Last _____

ADDRESS Number & Street _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

On what date would you be available to begin work? _____

Were you previously employed by us? Yes No If Yes, when? _____

Do you have any relatives currently working for us? Yes No If yes, list name and relationship:

Do you have reliable transportation to and from work? Yes No

If required by us to drive, can you provide a valid driver's license and proof of insurance? Yes No

Have you ever served in the military? Yes No

EDUCATION

High School

Name _____ Location _____

Number of Years Completed _____ Diploma/Degree _____

Course of Study/Major _____

Undergraduate College

Name _____ Location _____

Number of Years Completed _____ Diploma/Degree _____

Course of Study/Major _____

Graduate or Professional College

Name _____ Location _____

Number of Years Completed _____ Diploma/Degree _____

Course of Study/Major _____

Other

Name _____ Location _____

Number of Years Completed _____ Diploma/Degree _____

Course of Study/Major _____

Do you speak, read, and write fluently: English Spanish Other (specify): _____

EMPLOYMENT

Provide all employment information for your past four employers, starting with the most recent.

From _____
To _____
Reason for Leaving: _____

Employer _____
Employer Address _____
Employer Telephone _____
Immediate Supervisor _____
Supervisor Title _____
Position _____
Job Duties _____
May we contact this employer? Yes No

From _____
To _____
Reason for Leaving: _____

Employer _____
Employer Address _____
Employer Telephone _____
Immediate Supervisor _____
Supervisor Title _____
Position _____
Job Duties _____
May we contact this employer? Yes No

From _____
To _____
Reason for Leaving: _____

Employer _____
Employer Address _____
Employer Telephone _____
Immediate Supervisor _____
Supervisor Title _____
Position _____
Job Duties _____
May we contact this employer? Yes No

From _____
To _____
Reason for Leaving: _____

Employer _____
Employer Address _____
Employer Telephone _____
Immediate Supervisor _____
Supervisor Title _____
Position _____
Job Duties _____
May we contact this employer? Yes No

Summarize any job-related training, skills, licenses, and/or other qualifications for this position:

Have you ever been terminated or asked to resign from any job? Yes No If Yes, please explain:

REFERENCES

Please list persons who you know well. Do not include previous employers, supervisors or relatives.

Name _____	Phone _____
Occupation _____	Number of Years Known _____
Name _____	Phone _____
Occupation _____	Number of Years Known _____
Name _____	Phone _____
Occupation _____	Number of Years Known _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW

Any supplemental information gathered prior to or during this process is considered a continuation of this application and is subject to the following:

_____ I hereby certify that 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.

_____ I hereby authorize 5Cities Homeless Coalition 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 the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release 5Cities Homeless Coalition, 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.

_____ 5Cities Homeless Coalition is an at-will employer. Employment status is at-will and may be terminated with or without cause or notice by 5Cities Homeless Coalition or the employee. 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 5Cities Homeless Coalition. 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 5Cities Homeless Coalition, and that no promises or representations contrary to the foregoing are binding on 5Cities Homeless Coalition unless made in writing and signed by me and 5Cities Homeless Coalition's designated representative.

_____ In compliance with federal law, all persons hired will be required to verify identify and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Applicant Signature

Date

This application will be considered active for ninety (90) days and may be kept on file for six months. If you wish to be considered for employment beyond ninety (90) days, 5CHC may require that you complete a new application.