



## Application for Employment

*Sacramento Self Help Housing Is An Equal Opportunity Employer*  
**Please Complete and Sign This Application Form Even If Accompanied By Your Resume**

PERSONAL INFORMATION				
Date of Application:		Position Applied For:		
Full Legal Name First:		Middle:	Last:	
Minimum Salary Requirements: \$ _____ per		<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year	Date Available For Work:	
Current Street Address:		City:	State:	Zip Code:
Mailing Address (If Different from Above):		City:	State:	Zip Code:
Telephone:		Days and Hours Available:	Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		*If under 18, hire is subject to verification that you are of minimum legal age.	If hired, can you present evidence of your U.S. Citizenship or proof of legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed an application or have been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any friends or relatives working for our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No   *Relationship?		
EDUCATION RECORD				
	Name and Location	Degree or Certificate Earned	Major or Specialty	Years Completed
High School				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
College or University				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Other				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Additional Information:				

PAST EMPLOYMENT RECORD (Show Most Recent Employer First)			
Company Name:		Position Title:	Area Code/Telephone:
Address:		City:	State: Zip Code:
Dates of Employment: From: To:			
Name of Immediate Supervisor:		Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your duties and scope of your primary responsibilities:			
Reason(s) for Leaving:			
Company Name:		Position Title:	Area Code/Telephone:
Address:		City:	State: Zip Code:
Dates of Employment: From: To:			
Name of Immediate Supervisor:		Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your duties and scope of your primary responsibilities:			
Reason(s) for Leaving:			
Company Name:		Position Title:	Area Code/Telephone:
Address:		City:	State: Zip Code:
Dates of Employment: From: To:			
Name of Immediate Supervisor:		Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your duties and scope of your primary responsibilities:			
Reason(s) for Leaving:			

### ADDITIONAL SKILLS AND TRAINING

Please list additional skills and training that may be relevant on the position for which you are applying (i.e. computer skills, language, etc.):


### EMPLOYMENT REFERENCES

Please list previous supervisors or managers whom we may contact for reference.  
If you do not have applicable previous employers, please list academic references.

Name	Position Title	Employer	Phone Number

Why do you feel you are qualified for this position? (Please feel free to use additional space if necessary):


PLEASE READ CAREFULLY

I **understand** the organization has, or may choose to implement, a program of appropriate Organization-paid pre-employment physical examinations, including standardized drug screens. Offers of employment may be subject to the successful completion of such an examination, as well as verification of previous employment, education, and references. Any disparity between results of these efforts and the information contained in the application form may result in the withdrawal of such employment offer, or if work has begun, the termination of my employment. \_\_\_\_\_  
Initial

I **authorize** the Organization and its representatives to contact personal references, past supervisors, educational institutions and credit reporting agencies, as it may deem necessary to obtain satisfactory information. I also authorize those contacted to release this information. \_\_\_\_\_  
Initial

I **certify** that all of the information on this application was provided by me and is true. If employed, I agree to comply with all rules, regulations, and policies of the organization. I understand and agree that my employment relationship with the Organization is on an "at will" basis, meaning that either the organization or I may terminate my employment at any time, for any lawful reason, with or without cause and with or without notice. I further understand and agree that if at any time during my employment any of the information herein is found to be misleading or untrue, my employment may be terminated.  
\_\_\_\_\_  
Initial

I **understand** that, if employed, I will be required to furnish verification of my legal right to work in the United States by providing acceptable documentation as required by statute within 72 hours of commencement of employment. Further, I understand that in accordance with current Department of Homeland Security legislation, my employment will be terminated at the end of that period should I not furnish the required documentation. \_\_\_\_\_  
Initial

Signature of Applicant:	Date:
Print Name:	Date:



### EEO Applicant Flow Data Form

Application Date: \_\_\_\_\_

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this organization.

Name: \_\_\_\_\_

Gender:  Female  Male

- Race/Ethnicity:  **White** (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black** (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
- Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.
- American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Two or More Races** – All persons who identify with more than one of the above six races.

To be completed by employer:

- EEO-1 Category:  1a. Executive/Senior Level Officials and Managers
- 1b. First/Mid Senior Level Officials and Managers
2. Professionals
3. Technicians
4. Sales
5. Administrative Support Workers
6. Craft Workers
7. Operatives - semi-skilled
8. Laborers and Helpers
9. Service Workers

Employer information completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



### Pre-Employment Background Authorization

Applicant's Name		Last		First		Middle	
Maiden Name/AKA		_____		_____		_____	
Other Name		_____		_____		_____	
		Dates Used:		From:		To:	
		_____		_____		_____	
		Dates Used:		From:		To:	
		_____		_____		_____	
<b>If more than two names have been used, please note at the bottom of this page.</b>							
Street Address		City:		State:		Zip:	
_____		_____		_____		_____	
S.S. #		Date of Birth:		Phone #		_____	
_____		_____		_____		_____	
Email _____							

Present Employer		City, State		( )		Phone #	
_____		_____		_____		_____	
May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>		_____		_____		_____	
Hire Date		Job Title		Supervisor		_____	
_____		_____		_____		_____	

Previous Employer		City, State		( )		Phone #	
_____		_____		_____		_____	
May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>		_____		_____		_____	
Hire Date		Final Date		Job Title		Supervisor	
_____		_____		_____		_____	

Previous Employer		City, State		( )		Phone #	
_____		_____		_____		_____	
May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>		_____		_____		_____	
Hire Date		Final Date		Job Title		Supervisor	
_____		_____		_____		_____	

School Attended		City, State		( )		Phone #	
_____		_____		_____		_____	
Starting Date		Final Date		Major		Degree	
_____		_____		_____		_____	

Driver License Type		License #		State Issued	
_____		_____		_____	

I hereby authorize Sacramento Self Help Housing to perform a Background Investigation, which may include, but is not limited to, a criminal records check, experience, credit, employment and academic verification. I understand that any misrepresentations of the information provided above are grounds for rejection of my application. I understand the third party administrator is [www.intellicorp.net](http://www.intellicorp.net).

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Please check one:  Check here if you want a copy of your background investigation report.  
 Check here if you want to waive your right to receive these backgrounds reports.



## Applicant Consent Form to Investigate and Disclose Data

I, \_\_\_\_\_, hereby allow the Organization and their assignees the right to contact and investigate my former and current employers, and all other pertinent parties, including, but not limited to educational institutions where I enrolled, to fully investigate my background.

I understand that as part of the interview process, since I am applying for the position of \_\_\_\_\_, The Organization requires all applicants to disclose pertinent data concerning previous work history, police and military records, and educational activities.

I further understand and authorize Sacramento Self Help Housing to order investigative consumer reports that can provide information regarding my character, general reputation, personal characteristics and mode of living.

The purpose and procedures used in this investigation have been fully described to me and I completely understand the reasons and potential uses of such investigations. I authorize Sacramento Self Help Housing to use any and all information acquired to make decisions regarding my employment, which may be disclosed to third parties.

I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employment application, at my interview, or at any time prior to my commencing employment at the Organization (if I am offered a position with the Organization), I will not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from facts I furnished before taking the job, I will be disciplined, including immediate discharge without warning.

Sacramento Self Help Housing will pay the cost of this investigation. Nonetheless, I hereby indemnify, release and forever discharge and hold the Organization and its subsidiaries and affiliated companies, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto. I understand the third party administrator is [www.intellicorp.net](http://www.intellicorp.net).

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
S.S.#