

Applicant's Name: _____

Last

First

MI

Date: _____



Employment Application

Abrazar, Inc. (Embrace)

Founded in 1975, Abrazar, Inc. is a California 501(c) (3) non-profit community service agency dedicated to promoting the general welfare and prosperity of very poor to medium income seniors and families in Orange County through programs that improve health and nutrition, socialization, lifelong learning, and economic self-sufficiency in culturally sensitive ways.

DRIVER POSITIONS:

APPLICATIONS WILL NOT BE ACCEPTED OR CONSIDERED WITHOUT A CURRENT DMV H-6 (FULL HISTORY DRIVING RECORD).

1. **DO NOT TURN IN APPLICATION WITHOUT THE DMV H-6.**
2. **CANNOT HAVE MORE THAN 2 VIOLATIONS IN THE PAST 3 YEARS.**
3. **ACCIDENTS SHOULD HAVE A REPORT FOR IT.**
4. **INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.**

DMV H-6 ATTACHED

CLASS B

CLASS C

Employment Application

Abrazar, Inc.

ABRAZAR, INC. (ABRAZAR) is committed to equal opportunity for all persons without regard to sex, race, age, religion, color, national origin, ancestry, physical disability, mental disability, medical condition (associated with cancer, a history of cancer, or genetic characteristics), HIV/AIDS status, genetic information, marital status, sexual orientation, gender, gender identity, gender expression, military and veteran status, or other protected category under the law. It is the policy of ABRAZAR to comply with all federal, state and local laws and regulations regarding equal opportunity. In keeping with that policy, ABRAZAR is committed to maintaining a work environment that is free of unlawful discrimination and harassment. Accordingly, ABRAZAR will not tolerate unlawful discrimination against or harassment of any of our employees or others present at our facilities by anyone, including any supervisor, co-worker, vendor, client, or customer of ABRAZAR.

PERSONAL INFORMATION

Name: _____ Social Security No: _____
 First Middle Last

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Cell (____) _____

Have you ever applied to Abrazar, Inc.? No Yes Give Dates: _____

Have you ever worked for Abrazar, Inc.? No Yes Give Dates: _____

If Yes, state reason for leaving: _____

POSITION YOU ARE APPLYING FOR

Full time Part time Temporary Desired Salary Range: _____

How did you hear about this job opportunity? _____

Do you have any relatives in our employ? No Yes If yes, please list name : _____

AVAILABILITY

Date you are available to start work: _____ Total hours available per week: _____

Day/Time available: Mon- _____ Tues- _____ Wed- _____ Thurs- _____ Fri- _____

If hired, can you provide proof of identity and authorization to work in the U.S.? Yes No

If a driver's license is required by the job, have you received any citations for moving violations (reckless driving, driving under the influence, etc.) in the last three years or had your license revoked or suspended? Yes No If yes, please explain: _____

(A valid DMV/H-6 printout will be required)

| |
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| |
|--|

EDUCATION

| EDUCATION | Name/Address of School | Course of Study | No. of Yrs. Completed | Diploma/Degree |
|-----------------------|------------------------|-----------------|-----------------------|----------------|
| High School | | | | |
| Community College | | | | |
| College/University | | | | |
| Graduate/Professional | | | | |
| Other/Specify | | | | |

EMPLOYEE EXPERIENCE AND REFERENCES

List all positions you have held in the past ten (10) years. Account for volunteer, part-time military, summer positions, and periods of unemployment, etc. It is critical that you provide complete information. List each change of title or promotion separately. Resumes may be attached but WILL NOT be acceptable in lieu of COMPLETE ANSWERS. DO NOT WRITE "SEE RESUME." Start with your present or most recent position and work backwards.

| Employer | Dates | Employed | Work Performed |
|------------------------------------|-------|----------|---------------------------------------|
| Employer: | FROM | TO | |
| Supervisor: | | | |
| Address: | | | |
| Phone Number(s): | | | |
| Starting/Present Job Title: | | | |
| Reason for leaving: | | | May we contact employer? __Yes__No |

| Employer | Dates | Employed | Work Performed |
|------------------------------------|-------|----------|---------------------------------------|
| Employer: | FROM | TO | |
| Supervisor: | | | |
| Address: | | | |
| Phone Number(s): | | | |
| Starting/Present Job Title: | | | |
| Reason for leaving: | | | May we contact employer? __Yes__No |

| Employer | Dates | Employed | Work Performed |
|------------------------------------|-------|----------|--------------------------|
| Employer: | FROM | TO | |
| Supervisor: | | | |
| Address: | | | |
| Phone Number(s): | | | |
| Starting/Present Job Title: | | | |
| Reason for leaving: | | | May we contact employer? |

ABOUT YOUR JOB EXPERIENCES

What did you like best about your previous job? _____

Why? _____

How would you rate your work quality generally? __Poor__ Below Average__ Average__ Above Average__ Excellent

How would you rate your attendance generally? __Poor__ Below Average__ Average__ Above Average__ Excellent

How would you rate your amount of work? __Poor__ Below Average__ Average__ Above Average__ Excellent

Have you ever been fired or asked to resign? __No __Yes If yes, identify which employer(s) and the reason(s):

Are there any reasons why any of the employers listed about may give you a poor recommendation? __No __Yes
If yes, why? _____

SPECIAL SKILLS AND TRAINING

Describe specialized training, apprenticeship, skills and extra-curricular activities, including military service.

List professional, trade, business or civic activities and offices held.

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or protected status)

Additional Information-Other qualifications

Summarize special job related skills and qualifications from employment or other experiences.

Specialized Skills (Skills/Equipment Operated)

| | | | | | |
|--|---------------------------------------|------------------------------------|----------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> PC <input type="checkbox"/> MAC | <input type="checkbox"/> Type WPM: __ | <input type="checkbox"/> Shorthand | <input type="checkbox"/> 10 Keys | <input type="checkbox"/> Fax | <input type="checkbox"/> Other |
|--|---------------------------------------|------------------------------------|----------------------------------|------------------------------|--------------------------------|

Software programs you are familiar with:

Word Perfect Word Access Excel Print Shop Graphics Internet Other

Indicate any foreign language you can speak, read and/or write

| | | | | | | |
|-----------|---------------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|
| Language: | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
|-----------|---------------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|

| | | | | | | |
|-----------|---------------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|
| Language: | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
|-----------|---------------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|

State any additional information you feel may be helpful in considering your application.

NOTE TO APPLICANT

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied (A review of the activities involved in such a job occupation has been given)? ___Yes ___No

REFERENCES

| | | |
|----------|--------|---------------|
| Name: | Phone: | Relationship: |
| Address: | | |
| Name: | Phone: | Relationship: |
| Address: | | |
| Name: | Phone: | Relationship: |
| Address: | | |

APPLICATION STATEMENT

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that 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 an omission or misstatement of material fact on this application or 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 agree to be fingerprinted and to furnish proof of age, identity and legal right to work in the United States, as may be directed. I hereby authorize this organization 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 organization 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 the organization, 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by application law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employees at any time or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specially acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

| | |
|------------------------|-------|
| _____ | _____ |
| Signature of Applicant | Date |

VOLUNTARY APPLICANT IDENTIFICATION FORM

THIS FORM IS NOT A PART OF THE SELECTION PROCESS since the form will be detached from your application and used for statistical purposes only.

To comply with statistical information on applicant flow patterns requested by the Federal Equal Employment Opportunity Commission (41 CFR 60-2. 12), we would appreciate your cooperation in providing the following information.

Position Applied for: _____ **Date:** _____

How did you learn of this position? _____

AGE: Under 18 18-39 40 and over

Other: Disabled

Sex: Male Female

Vietnam Veteran

ETHNIC BACKGROUND:

- White** (not of Hispanic origin): All persons having origins of Europe, North Africa, or the Middle East
- Black** (not of Hispanic origin): All persons having origins in any of the black racial groups in Africa
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islanders:** All persons having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent Islands. This area include for example: China, Japan, Korea, the Philippine Islands and Samoa.
- 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.