



Our mission is to empower children and their families to maximize their full potential through opportunities for growth and change

Please Print

Position applying for: _____ Date _____

Last Name First Name Middle

Email Address

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

Work Number Home Cell

Are you applying for:

Placer County Sites..... Yes No
Nevada County Sites..... Yes No
Tahoe Truckee Sites..... Yes No

Full-time..... Yes No
Part-time..... Yes No
Substitute/Temporary..... Yes No

If applying for temporary or substitute work, during what period of time will you be available?

If hired, on what date can you start work? _____

Employment with PCAC, Inc. is employment "At Will", and either, PCAC, Inc. or the employee may end the employment relationship at any time, for any reason, with or without notice.

Personal Information

Have you ever applied to or worked for PCAC, Inc. before? Yes No

If yes, when? _____

Do you have any friends or relatives working for PCAC, Inc.? Yes No

If yes, state name(s) and relationship:

_____ Relationship

Why are you applying for work at PCAC, Inc.?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training, and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Many of our families/children do not speak English. Do you speak, write and understand any foreign languages?..... Yes No

If yes, which languages? _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at PCAC, Inc? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed / certified for the job applied for? Yes No

Name of license / certification: _____

Issuing state: _____

License / certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment.

You must complete this section even if attaching/submitting a resume.

Name of Employer (_____) Telephone No. _____

Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer (_____) Telephone No. _____

Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Employment History, continued

_____(____)_____
Name of Employer Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving
May we contact this employer for a reference? Yes No

_____(____)_____
Name of Employer Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving
May we contact this employer for a reference? Yes No

Additional Comments: _____

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name Last Name (_____) Telephone No.

Address & Street City State Zip

Number of Years Acquainted
Occupation

First Last Name (_____) Telephone No.

Address & Street City State Zip

Number of Years Acquainted
Occupation

First Name Last Name (_____) Telephone No.

Address & Street City State Zip

Number of Years Acquainted
Occupation

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ 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 **Placer Community Action Council, Inc.** 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 the company, 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.

_____ 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 the company. 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 the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Executive Director.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Agency unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ Date

_____ Applicant's Signature



1166 High Street
Auburn, CA 95603

Human Resources Unit
Phone: 530-886-4149 or 530-886-4154
Fax: 530-885-2119
www.kidzcommunity.org

Attention: _____ Fax # _____

You have been given as a reference...

The applicant named below is seeking employment with Placer Community Action Council, Inc. and has authorized us to check references. As a former employer, you can expedite the application process by kindly supplying the following information. Your assistance is greatly appreciated.

Applicant Name: _____

Applicant Signature: _____ Date: _____

References: I hereby authorize you to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me on this form.

Employed from: _____ to _____ Salary: _____ Position: _____

Duties: _____

Reason for Leaving: _____

Eligible for Rehire: _____ If not, why? _____

	Above Average	Average	Below Average
Quality of Work	_____	_____	_____
Cooperation	_____	_____	_____
Attendance	_____	_____	_____
Punctuality	_____	_____	_____
Dependability	_____	_____	_____
Initiative	_____	_____	_____

Comments: _____

Agency/Company: _____

Signed by: _____ Date: _____

Please return this form to the fax number below. Thank you for your cooperation.

Sent by: _____ Title: _____