

1005 11<sup>th</sup> St Arcata CA, 95521 T: 707 822-4528 F: 707 822-1225 Arcatahouse.org

## Employment Application

ame:
b Title applying for:
ease attach cover letter, resume or additional papers to the back of this completed oplication.
oplications and materials may be emailed to: hr@arcatahouse.org





## **Application for Employment**

## Please PRINT or TYPE all information

**○ CIRCLE** or **○ CHECK** where appropriate

Personal Information				D	ate:		
Name: First	Middl	e Initia	ıl	Last			
Current Address:	Street and N	umber	•	City	,	State	Zip
Day Message Teleph	none:	Other	Message -	Telephone:	When wo	ould you be av rk?	/ailable to
How did you lear     Craigslist:      Job Announceme	ent (Where?):						
• Other:							
Position:				Date Avail	able:	Compensa	ition:
☐ Part Time	☐Full Time		☐ On Cal	Specify Ho	ours/Days:		
Are you available to v	work overtime er 5:00PM?	as ne	eded? Yes	☐ No ☐	If yes: We	eekdays? 🗌	Weekends?
Driver's License num  Please note: You mu	st be qualified						r to hold any

Education				
Name and Location of School	Major	Number of Years Completed	Did You Graduate?	Degree or Diploma
High School G.E.D			□Yes	
Business/Trade/Technical:			□No	
Business, Frago, Festimoai.			□Yes □ No	
College:			□Yes	
			□ No	
Graduate:			□Yes	
			☐ No	
Describe other job related training completed:		1		
Activities, honors, offices held that are job related:				
Additional Data				
What professional job related licenses do you h color, sex, age or disability)?	hold <i>(Omit those whi</i>	ch indicate race, re	eligion, natior	nal origin,
Please list software programs you have experience	ence using:			
Skills				
List the skills you possess that are relevant to t	the position you s	eek. Use additio	onal paper	if needed.

## **Employment History**

Please give an accurate, complete full-time and part-time employment record.

Start with your present or most recent employer

Employer Name:	May we contact?	Job Title:
	□Yes □No	
Address	Dates Employed:	Responsibilities:
City/State/Zip:		
Telephone:		
Reason for Leaving:		
Employer Name:	May we contact?	Job Title:
	□Yes □No	
Address (street number):	Dates Employed:	Responsibilities:
City/State/Zip:		
Telephone:		
Reason for Leaving:		
Employer Name:	May we contact?	Job Title:
	□Yes □No	
Address (street number):	Dates Employed:	Responsibilities:
City/State/Zip:		
Telephone:		
Reason for Leaving:		
Employer Name:	May we contact?	Job Title:
	☐Yes ☐No	
Address (street number):	Dates Employed:	Responsibilities:
City/State/Zip:		
Telephone:		
Reason for Leaving:		

References Give names of 3 persons to whom you are not related and by whom you have not been employed.						
Name	Address	Telephone	Relationship	Years Known		
Conditions for E	mployment		<u>'</u>			
Please read the following o	arefully before signing.					
1. The information that I have knowledge.	provided on this applicat	ion is accurate and true	to the best of m	У		
2. I understand that any misro the interview or hiring proces termination of employment.	•	, , ,	•	_		
3. The persons, schools, curr section), and other organizatinformation I have provided a requested by Arcata House F photocopy of this authorization and release all persons, schooliability arising from the disclosuration are under the aforementioned information context of its applicant review	ions named in this applicated to provide Arcata House Partnership to arrive at an on be accepted with the spools, current and prior employers of any of the above Arcata House Partnershor the use, publication, or a procedures.	ation are authorized by mose Partnership with informemployment decision. It is ame authority as the original ployers and other organication whether in which is a many liability arising retention of such information.	ne to verify the mation that may am willing that a ginal. I hereby we zations from an vriting or orally, and from reliance ation within the	y be a vaive y and on the		
4. I agree to protect confident Partnership's clients.	tial information of the Arc	ata House Partnership, a	and Arcata Hous	se		
5. I will be able, if hired, to ce understand that in accordance provide timely documentation	e with the Immigration Re	eform and Control Act the				
6. I understand that the Arcat and/or abuse alcohol or legal to screen from employment stake a pre-employment drug "Statement on Drug-free Wor House Partnership.	drugs, and the Arcata Houch individuals. In fact, I test. Further, I agree to a	ouse Partnership retains agree and consent that I bide by the Arcata House	and exercises t may be require e Partnership's	the righted to		
7. In the event that I am empregulations, policies and productions		to the Arcata House Par	tnership's rules	and		
Signature of Applicant:			Date:			

Arcata House Partnership is an equal opportunity employer and any applicant requiring special accommodations in the application or selection process should contact the Operations Manager at (707) 822-4528 ext. 4 Thank you for taking the time to complete our Employment Application.