

Last Name		First	Middle	For personnel use		Date of application				
Street address				Type(s) of work desired		Social security no.				
City		State		ZIP code		California Driver's License No.		Telephone no. Home: Work:		
How were you referred to Company? (Circle only one)	A By your college	B Advertisement	C Employment Agency	D By an employee	If so, give name:	E Military service	F Walk-in	G Resume' or letter	H Open house	I Other

# Application for Employment

Rural Human Services, Inc.  
286 M Street, Suite A  
Crescent City, CA 95531

***Please read carefully and complete by printing in ink or typing.***

***Provide all information requested.***

Your completed application form in response to a notice of job opening will be maintained in our active files for six (6) months from the date of application. **Unsolicited applications will not be retained.**

## ***An Equal Opportunity Employer***

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, color, ancestry, religious creed, national origin, sex, age, physical handicap (including AIDS), medical condition, marital status, pregnancy, or status as a disabled veteran or Vietnam-era veteran or for any other basis as prohibited by Federal and California laws. Information provided on this application will not be used for any discriminatory purpose.

## ***Drug & Alcohol Testing***

The successful passing of a drug and alcohol test is a condition of employment. By completing this application form, you herewith consent to take a drug and alcohol test should you be offered a position with Rural Human Services. Testing is required only after your acceptance of an offer of employment and before employment commences.

## ***College Transcripts***

For positions requiring a degree or specific college coursework, a transcript will be required as a condition of employment and must be submitted on acceptance of an offer of employment.

## ***Background Checks/Finger Prints***

For employment with Rural Human Services a background check is mandatory. Those programs working directly with children and with the developmentally disabled, or is specifically required by the grant, successfully passing a background check by a law enforcement agency is a condition of employment this will involve **fingerprinting**.

## Educational History

School name	Location (city, state)	Major course or subject	Graduated		Degree
			Yes	No	
High school					
Technical/trade (after high school)					
College (list all attended)					
Other education/training					

## Outside Activities - optional

(You may omit those indicating race, color, religion, sex, national origin, ancestry, age, disability or Vietnam-era veteran status.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

## Special Skills

<i>To be completed by applicant for program/clerical work</i>	<i>To be completed by applicant for streams &amp; field/mtce work</i>	
Typing <input type="checkbox"/> Yes <input type="checkbox"/> No Words per minute _____	Type of machines operated	Years experience
Dictation <input type="checkbox"/> Yes <input type="checkbox"/> No Words per minute _____		
What computers have you worked with?		
	List other machine/production skills	
What computer programs have you worked with?		
<b>Word Processing:</b>		
<b>Spreadsheet:</b>		
<b>Accounting:</b>	Served <input type="checkbox"/> Yes When served: _____	
<b>Other:</b>	Apprenticeship? <input type="checkbox"/> No Type: _____	

Please list special licenses, training, language skills (other than English), etc., you have acquired

## Miscellaneous

Were you previously employed by Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?
Do you have any relative(s) currently employed by Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list below.
	Name		Relationship
Have you been convicted of any crimes other than minor traffic violations during the past seven years? (A conviction record will not necessarily bar you from employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list below.
Will visa or immigration status prevent lawful employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you be willing to work other than a day shift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which shifts?
Do you have any physical condition or handicap that may limit your ability to perform the job applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, briefly describe any reasonable accommodations to your limitation you feel Company can make to assist you in working here.			

## Employment Record

Starting with present or most recent, list all previous employers. Include self-employment, military service, and summer and part-time jobs. If more space is required, please continue on a separate sheet. **You may attach resume', but complete application as well.**

Last or present company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked From	To	
Reason for leaving			
Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked From	To	
Reason for leaving			
Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked From	To	
Reason for leaving			

May we contact your present employer? \_\_\_\_\_ Yes  
(Please place your initials on appropriate line) \_\_\_\_\_ No

Your prior employer(s)? \_\_\_\_\_ Yes  
(Please place your initials on appropriate line.) \_\_\_\_\_ No

### Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying and **whom the Company has your permission to contact.**

Name	Title/relationship	Address (Street, City, State, Zip Code)	Phone no. (Include area code)	Occupation

Name & address of person to be notified in case of accident or emergency.

Wage or salary required

Date available

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed.

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

If any of your educational or employment records are under other than the above name, please provide other names.

\_\_\_\_\_

I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment. In consideration of my employment, I agree to abide by the rules and regulations of Rural Human Services, Inc.; and I understand that these rules and regulations, and any personnel guidelines, do not constitute a contract of employment. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Rural Human Services, Inc., or myself. I further understand that only the Chief Executive Officer has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

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

Note: Before signing, be sure that you understand all provisions of the foregoing paragraph. If there are any terms that you do not understand, it is your responsibility to so advise RHS personnel who will provide you with clarification.

9/2008 DW