



Community Action Partnership Of San Bernardino County

696 South Tippecanoe ♦ San Bernardino ♦ California 92408-2607
(909) 723-1531 ♦ www.capsbc.org

APPLICATION FOR EMPLOYMENT

Community Action Partnership of San Bernardino County (CAPSBC) is the designated Community Action Agency for San Bernardino County. CAPSBC shall not discriminate in its hiring and personnel procedures against any applicant for employment or any employee because of race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, disability, genetic information or any other protected status in accordance with all applicable federal, state and local laws.

Candidates for interviews will be initially considered through an evaluation of their application. Applicants are encouraged to attach resumes and/or other information which will assist CAPSBC in the evaluation of the applicant's qualifications. Education and/or experience will be considered only as it most directly relates to the position applied for. Each applicant will be notified by mail and/or phone if he/she is or is not selected for an interview and/or employment. Following the hiring interviews, a background check will be conducted on the candidate(s) being considered for employment. After the background check is completed, a conditional offer of employment will be made to the recommended applicant for hire contingent upon applicant passing a pre-employment physical examination only to include urine drug testing and TB screening. Newly hired employees will be required to provide proof of authorization to work in the United States and are encouraged to participate in CAPSBC's direct deposit payroll program. In those instances where employees cannot participate in the direct deposit program, they will have the opportunity to participate in a pay card program. CAPSBC employment status is "at will" with or without benefits and employment can be terminated at any time with or without cause. Employee works at the discretion of the Appointing Authority and is ineligible for any disciplinary/grievance/layoff appeal rights.

DATE _____ POSITION APPLIED FOR _____

GENERAL INFORMATION (Applications must be typed and not hand written. Applicants can go to the CAPSBC website to complete an application, print it and submit the completed application to the Operations Division).

IMPORTANT: Applications are part of the hiring process and must be filled out completely in order to be accepted for consideration. Insufficiently completed applications will be rejected.

NAME: LAST FIRST MIDDLE INITIAL

ADDRESS: NUMBER STREET CITY STATE ZIP CODE

PHONE NUMBER: HOME WORK MESSAGE

CAN YOU, AFTER OFFER OF EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? (IMMIGRATION AND NATURALIZATION SERVICE (INS) REGULATIONS REQUIRE ALL EMPLOYEES HIRED AFTER 11/06/86 TO PROVIDE PROOF OF LEGAL STATUS TO BE EMPLOYED IN THE UNITED STATES). ____
YES ____ NO

IF NOT, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? ____ YES ____ NO

(DATE STAMP)

EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma G.E.D. Certificate California High School Proficiency Certificate
 Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post Graduate ___ Years

Name of High School	Address of High School			Certificate / Diploma
Name and Address of College, University, Vocational School or Institute	Major/Minor	Type of Degree (Associate's Bachelor's) Degree Completed		Units Completed Semester/Quarter
A.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
B.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
C.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you now, or have you previously been an employee of this agency? ___ Yes ___ No

If so, please indicate.

Do you have any relations by blood or marriage employed by the Community Action Partnership of San Bernardino County? If Yes, give name(s) relation and departments.

Have you been discharged from a position or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? Give name and address of employer, date of discharge or forced resignation and the reason below.

DO YOU POSSESS A VALID CALIFORNIA DRIVER LICENSE? ___ YES ___ NO (Applicable only for those positions requiring a California Driver License)

STATE: _____ TYPE OF LICENSE: _____ NO.: _____ EXPIRATION DATE: _____

Are you currently employed? ___ Yes ___ No

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

WHAT MACHINES DO YOU PROFICIENTLY OPERATE? (office, commercial, equipment)

Special Skills: Typing ___ wpm Internet ___

MS Word ___ MS Excel ___ MS PowerPoint ___ MS Outlook ___ Windows ___

Other

Are you fluent in any language in addition to English? If so, please specify your skills. (Complete only when required on job announcement).

Language _____ Understand _____ Speak _____ Read _____ Write _____

EMPLOYMENT HISTORY

EXPERIENCE: Provide a complete employment history beginning with your current or most recent job. In additional space is needed, attach a sheet of paper. Do not refer to a resume. Only those jobs listed will be considered in determining your eligibility. List each job title separately, even if the employer is the same. Incomplete information will result in disqualification.

RESUME MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month Year Month Year From: / To: /	
Total Months Hours Per Week	
Name & Title of Immediate Supervisor	
	REASON FOR LEAVING
Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month Year Month Year From: / To: /	
Total Months Hours Per Week	
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Month Year Month Year From: / To: /	
Total Months Hours Per Week	
Name & Title of Immediate Supervisor	
	REASON FOR LEAVING

EMPLOYMENT HISTORY (CONT'D)

Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month Year Month Year From: / To: /	
Total Months Hours Per Week	
Name & Title of Immediate Supervisor	
	REASON FOR LEAVING
Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
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Name & Title of Immediate Supervisor	
	REASON FOR LEAVING
Name, Address & Telephone Number of Employer:	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month Year Month Year From: / To: /	
Total Months Hours Per Week	
Name & Title of Immediate Supervisor	
	REASON FOR LEAVING

Would you object to the following:

Traveling as required by this position? ___ Yes ___ No

Working over regular working hours when required? ___ Yes ___ No

Convictions: You must complete this section to be considered for a job. Make attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?

Yes No

If yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?

Yes No

If yes, please give the date(s) and details:

NOTE; Answering "Yes" to these questions does not constitute automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions).

Will you require any accommodation due to a disability while competing in the selection process?

Yes ___ No **If Yes, please describe.**

REFERENCES:

List at least three references whom you have known for at least three years; do not include relatives.

NAME	ADDRESS/PHONE NUMBER	OCCUPATION

In case of Emergency, please contact:

NAME _____

ADDRESS _____

PHONE NUMBER _____

RELATIONSHIP _____

I HEREBY GIVE MY CONSENT TO HAVE CAPSBC OPERATIONS DIVISION VERIFY MY PAST EMPLOYMENT.

SIGNATURE OF APPLICANT _____

DATE _____

AN EQUAL EMPLOYMENT OPPORTUNITY AND ADA COMPLIANT EMPLOYER

CERTIFICATION OF SIGNATURE STATEMENT

I hereby certify that all statements on this application are true and complete. I further agree that the information and materials submitted with the application become the property of Community Action Partnership of San Bernardino County. In the event of employment, I understand that false or misleading information given in my application or interview(s) may be considered cause for immediate termination. I further agree that the employer shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me. I also authorize the companies, schools or persons named above to give any information relevant to my bona fide employment qualifications and hereby release the aforementioned from all liability for any damages for issuing this information. A copy of this authorization will be considered to be as valid as the original.

Application will not be considered unless signed.

SIGNATURE OF APPLICANT _____ DATE _____

Position Applied For: _____
Date: _____

CAPSBC IS ASKING APPLICANTS TO COMPLETE THIS FORM IN ORDER TO COMPLY WITH UNITED STATES GOVERNMENT EQUAL OPPORTUNITY REQUIREMENTS. THIS INFORMATION IS SOLICITED ON A VOLUNTARY BASIS AND HAS NO BEARING ON YOUR APPLICATION, ELIGIBILITY OR SELECTION. INFORMATION THAT YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS.

Decline to complete []

PLEASE COMPLETE:

ETHNIC IDENTIFICATION (See below for explanation)

- 1. [] American Indian/Alaskan Native
- 2. [] Asian/Pacific Islander
- 3. [] Black
- 4. [] Filipino
- 5. [] Hispanic
- 6. [] White

SEX

- 1. [] Female
- 2. [] Male

DISABILITY (See below for explanation)

Please check if appropriate:

- 1. [] Hearing
- 2. [] Visual
- 3. [] Speech
- 4. [] Physical
- 5. [] Developmental
- 6. [] Other (Specify)

AGE GROUP

- 1. [] Under 21
- 2. [] 21-29
- 3. [] 30-39
- 4. [] 40-49
- 5. [] 50-59
- 6. [] 50 or over

VETERAN STATUS

Are you a Vietnam Era Veteran?

- 1. [] Yes
- 2. [] No

SOURCE

How did you learn about this job opening?

DEFINITION

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 identity.

ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

BLACK: All persons having origins in any of the Black racial groups of Africa, not of Hispanic origin.

FILIPINO: All persons having origins in any of the Philippine Islands.

HISPANIC: All persons of Mexican, Puerto Rican, Central or Southern American, or other Spanish culture or origin, regardless of race.

WHITE: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, not of Hispanic origin.

DISABILITY

VISUAL:

Persons who are legally blind in one or both eyes and whose visual acuity even after correction (eye glasses or contact lenses) is 20/200 visual acuity or restricted in the visual field to 20 degrees.

HEARING:

Persons with total deafness or inability to hear a normal conversation and/or use a telephone without the aid of an assistive device.

SPEECH:

Persons with speech impairments when speech is unintelligible in normal conversations.

PHYSICAL:

Persons with orthopedic impairments, amputations of functional limitations if there is: (a) loss of significant impairment of one or both major upper extremities; (b) loss or significant impairment of one or both major lower extremities; and (c) impairment of the trunk, back or spine when there is a medically diagnosed disability which substantially limits one or more major life activities.

DEVELOPMENTAL:

Persons who meet the legal definition or have been identified as developmentally disabled. This includes autism, cerebral palsy, epilepsy, mental retardation, and other neurological impairments.