



Sacramento Child Advocates, Inc. Employment Application

General Information

Position Applying for:	Date:
Applicant Name:	Phone:
Address:	E-Mail:
City, State Zip code:	Social Security Number:

How were you referred to this position?

Are any of your relatives currently employed with the company or its divisions? Yes No

If yes, name of relative:

Have you worked for this agency before? Yes No

If yes, describe position:

Are you legally eligible to be employed in the United States? Yes No
(Proof of eligibility will be required upon employment).

Visa type _____
Exp. Date _____

Are you over the age of 18? 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

Have you ever been convicted of a criminal offense? Yes No
(A conviction will not necessarily disqualify you from employment).

If yes, explain details:

Employment History

Start with present or most recent position.

Name of present or most recent Employer:	Type of Business:	Address:
Supervisor's Name:	Phone Number:	City, State Zip code:
Job Title:	Department:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment:	Base Pay Start:	Base Pay Final:
Work Performed:		Reason for Leaving:
Name of previous Employer:	Type of Business:	Address:
Supervisor's Name:	Phone Number:	City, State Zip code:
Job Title:	Department:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment:	Base Pay Start:	Base Pay Final:
Work Performed:		Reason for Leaving:
Name of previous Employer:	Type of Business:	Address:
Supervisor's Name:	Phone Number:	City, State Zip code:
Job Title:	Department:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment:	Base Pay Start:	Base Pay Final:
Work Performed:		Reason for Leaving:
Name of previous Employer:	Type of Business:	Address:
Supervisor's Name:	Phone Number:	City, State Zip code:
Job Title:	Department:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment:	Base Pay Start:	Base Pay Final:
Work Performed:		Reason for Leaving:

Education/Training

College or Institution	Degrees	Special Training or Licenses related to position

Applicant's Certification and Agreement

I certify that the answers given herein are true and complete to the best of my knowledge. If hired, I understand that falsification, misrepresentation or omission of facts in this application, or in any part of the hiring process may be cause for denial of employment or may result in immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release anyone supplying such information from all liability and I also release COMPANY from all liability that might result from conducting an investigation.

I understand that any employment relationship with this company is of an at-will nature, which means my employment may be terminated at any time, with or without cause, by the Employer or by myself. I also understand that, if hired, I am required to abide by all rules and regulations of the Employer.

Applicant Signature

Date

Professional References

Please list below the contact information for three work-related references.

Reference Name: _____

Company: _____

Title: _____

Telephone: _____

Email: _____

Relationship to Candidate: _____

Reference Name: _____

Company: _____

Title: _____

Telephone: _____

Email: _____

Relationship to Candidate: _____

Reference Name: _____

Company: _____

Title: _____

Telephone: _____

Email: _____

Relationship to Candidate: _____