



COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY

1225 Gill Avenue Madera, CA. 93637

Telephone: (559) 673-9173 / Facsimile: (559) 673-2620

www.maderacap.org

EMPLOYMENT APPLICATION

The CAPMC is an equal opportunity employer. CAPMC provides equal employment opportunity to all persons regardless of race, national origin, religion, color, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, transgender, sex stereotyping, age, sexual orientation, military status, veteran status, and any status protected by applicable federal, state and local laws.

Affirmative Action / Equal Employment Opportunity / Drug Free Employer

Date: _____

Name: _____
Last, First, Middle

Exact Title of Position Applying For: _____

Location of the Position Applying For: _____

Instructions:

1. Read position announcement thoroughly and understand all the minimum qualifications.
2. Answer all questions by writing clearly or typing in black/blue ink. Provide enough details to allow for full review and consideration. If an answer does not apply to you, write N/A.
3. Completely fill out the application and sign it.
4. Use a separate application when applying for more than one position.
5. Inquiry may be made of your former and current employers or schools regarding your performance records. Please provide the name and phone number of each contact on your application.
6. Please contact the Human Resources Office if you change your address or telephone number.
7. If you need any accommodation in the application or the testing process pursuant to the Americans with Disabilities Act (ADA), please call the Human Resources Office at (559) 673-9173.

INFORMATION

MAILING ADDRESS:

Number Street Apt. # City State Zip

PRIMARY TELEPHONE: _____ SECONDARY TELEPHONE: _____

EMAIL ADDRESS: _____

Are you applying for?	<input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Temporary work
How did you hear about this job opening?	
Have you ever applied to CAPMC before?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?
Have you ever worked for the CAPMC before?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and what position at what department?
Are you a Head Start parent or a CAPMC volunteer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been in the military? Furnish a DD 214 for consideration for veteran's preference points.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any relatives working at CAPMC currently?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state name, relationship and department
After reviewing the position announcement and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you over 18 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, do you possess a valid work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
If hired, can you submit proof of your legal right to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If hired, can you provide proof of possession of a valid California Driver's License?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If hired, do you have a reliable and insurable transportation to and from work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been discharged from employment or been forced to resign?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain

EDUCATION	
Do You Have A High School Diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Name And Address Of The School: _____	
If No, Did You Receive A GED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Technical / Vocational / Business School:	
Name And Address Of The School: _____	
Course Of Study: _____	
Certification/Degree Received: _____	
Name And Address Of The School: _____	
Course Of Study: _____	
Certification/Degree Received: _____	
University/College:	
Name and Address of the School: _____	
Major/Course of Study: _____ Units Completed: _____ <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Did you Graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Date Degree Was Conferred: _____	
Name and Address of the School: _____	
Major/Course of Study: _____ Units Completed: _____ <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Did you Graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Date Degree Was Conferred: _____	
Number of Early Child Development Units Completed: _____ <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	

LICENSES / CERTIFICATES / PERMITS		
LICENSES – LIST APPLICABLE LICENSES AND CERTIFICATES INDICATED IN THE POSITION ANNOUNCEMENT		
LICENSE/CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE

SKILLS
LIST SPECIAL SKILLS THAT YOU POSSESS RELATED TO THIS POSITION
IN ADDITION TO ENGLISH, LIST ANY OTHER LANGUAGES YOU:
a. Possess verbal fluency in _____
b. Possess written fluency in _____
TYPING: ___NWPM DICTATION/SHORTHAND ___WPM CALCULATOR ___SPM
SOFTWARE PROGRAMS USED: _____

EMPLOYMENT HISTORY

List most recent experience first. Please give enough information to allow for review and evaluation of your work experience and abilities. Include paid or unpaid, full or part time, temporary. List each job title even if employed by the same employer.

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (INCLUDE RANGE OR LEVEL, IF APPLICABLE)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (YEAR/MONTH)	COMPANY/ORGANIZATION NAME	SUPERVISOR PHONE NUMBER

ADDRESS

LIST DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (INCLUDE RANGE OR LEVEL, IF APPLICABLE)	SUPERVISOR NAME
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REASON FOR LEAVING

CERTIFICATION

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW (IF THERE IS ANY PART OF THIS PAGE YOU DO NOT UNDERSTAND, PLEASE CONTACT THE HUMAN RESOURCES OFFICE ABOUT IT BEFORE SIGNING).

_____	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 on this application or on any documents 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 CAPMC to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release CAPMC, my current and former employers, and all other persons, corporations, partnerships and associations from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
_____	I understand that if offered employment, the offer is contingent upon my passing a pre-employment alcohol and drug screen, appropriate fingerprint clearance and reference checks, pre-employment physical, immunization requirement, and TB test is required for Head Start positions. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.
_____	I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between CAPMC and me. In addition, I understand and agree that if I am employed, during my initial probationary period of employment, my employment relationship with CAPMC is strictly voluntary and at-will. I understand that if employed, during my initial probationary period, my employment may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or CAPMC, and that no promises or representations contrary to the foregoing are binding on CAPMC unless made in writing and signed jointly by the Executive Director and myself.
_____	I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or CAPMC benefits, policies and procedures will not alter our at-will agreements.
_____	I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States during the acceptable period of employment.
_____	I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by CAPMC auto insurance, if required for my position.
_____	Transportation Safety Sensitive Positions Only: If hired, I also agree to submit to random alcohol or drug testing as a condition of employment. I agree that CAPMC may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that any refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.
_____	I understand that if offered employment, the offer is contingent upon me passing a criminal background check. CAPMC may ask about and consider an applicant's criminal conviction records once an offer of employment is made. Please see Statement of Use of Criminal Conviction Records found in this application.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND THIS PAGE, AND AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THIS DOCUMENT.

APPLICANT'S SIGNATURE

DATE

REFERENCES

PLEASE LIST BELOW THREE PEOPLE WHO DO NO WORK AT THE CAPMC AND NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

First Name	Last Name	Phone Number
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Address & Street	City	State	Zip Code
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Occupation	No. of Years Acquainted
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First Name	Last Name	Phone Number
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Address & Street	City	State	Zip Code
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Occupation	No. of Years Acquainted
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First Name	Last Name	Phone Number
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Address & Street	City	State	Zip Code
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Occupation	No. of Years Acquainted
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STATEMENT OF USE OF CRIMINAL CONVICTION RECORDS

Once CAPMC makes a conditional offer of employment to an applicant, it may ask about and consider the applicant's conviction records. Some records, including arrest records that did not lead to conviction, are off limits at any point in the hiring process and will not be considered.

Before denying employment based on a conviction record, CAPMC will conduct an individualized assessment as to whether the conviction has a "direct and adverse relationship" with the specific job duties of the position being applied for by the applicant. Accordingly, CAPMC will consider the following:

- The nature and severity of the offense
- How long it's been since the applicant committed the offense and served his or her sentence, and
- The nature of the job the applicant is applying for.

Notice and an Opportunity to Respond

If, after completing this inquiry, CAPMC decides not to hire the applicant; CAPMC will provide the applicant with a written notice of its decision. This will:

- Specify the conviction that was the basis for the decision
- Provide a copy of the conviction history report, if CAPMC has one, and
- Explain the applicant's right to respond with favorable evidence by a certain deadline.

CAPMC will provide the applicant five business days to challenge the accuracy of the information obtained by CAPMC or to provide mitigating evidence that lessens the impact of the conviction.

Example, the applicant might submit evidence of completion of a drug rehabilitation program or the applicant's efforts to make amends for the crime. If the applicant notifies CAPMC within five business days that he or she is taking steps to gather evidence, CAPMC will provide an additional five business days to respond to the notice.

Notice of the Final Decision

CAPMC will consider any information provided by the applicant before making a final decision. If the final decision is to deny employment, CAPMC will provide written notice of this decision to the applicant. There is no appeal or grievance process to challenging this decision.

All applicants who believe that CAPMC acted unlawfully in making any employment decision based in whole or in part on the applicant's criminal conviction history has the right to file a complaint with the California Department of Fair Employment & Housing.

Please note that CAPMC will *never* consider the following information in reviewing an applicant's criminal conviction history once a conditional offer of employment is made or at any time during the hiring process:

- Arrest records. CAPMC may not ask an applicant about prior arrests that did not lead to convictions or seek or use records related to such arrests. CAPMC may ask applicants about arrests that did lead to conviction and arrests for which the applicant is awaiting trial (for example, because the applicant is out on bail or has been released on his or her own recognizance pending trial).
- Diversion programs. CAPMC may not ask about an applicant's referral to or participation in a pretrial or post-trial diversion program.
- Sealed records. CAPMC may not ask about convictions that have been sealed, expunged, or statutorily eradicated.
- Certain marijuana offenses. CAPMC may not ask about non-felony convictions for marijuana possession that are more than two years old.
- Juvenile records. CAPMC may not ask applicants about juvenile records relating to arrest, detention, processing, or adjudication while the applicant was subject to the juvenile court system. California does not consider juvenile court decisions to be "convictions" that employers could otherwise inquire about.

* * Voluntary Information * *

The Community Action Partnership of Madera County is an Equal Opportunity -Affirmative Action Employer.
Human Resources Office – 1225 Gill Ave. Madera, CA 93637

Position Title: _____ Name: _____

Please help us comply with the State and Federal law by completing this section. While you are not required to complete this section, you should know that if you leave it blank we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States governments. This information will be kept separate and confidential and will not be used in any unlawful way to make any employment decision.

- DISABLED VETERAN.** A veteran who served on active duty in the U.S. military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

- OTHER PROTECTED VETERAN.** A veteran who served on active duty in the U.S. military during a war, or in a campaign or expedition for which a campaign badge was authorized under the laws administered by the Department of Defense.

- RECENT SEPARATED VETERAN.** A veteran separated during the three-year period beginning on the date of the veteran’s discharge or release from active duty in the U.S. military.

- ARMED FORCES SERVICE MEDAL VETERAN.** A veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation that received an Armed Forces service medal.

Age: under 21 21-39 40-69 70 and over

Gender: Male Female

Please answer below based upon how you are known in your community.

Check Appropriate Box:

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian /Alaska Native:
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition. | <input type="checkbox"/> Black / African American: A person having origins in any of the black racial group of Africa. | <input type="checkbox"/> Native Hawaiian / Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> Asian: A person having origins in any of the original people of the Far East, Southeast Asian, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | <input type="checkbox"/> Hispanic / Latino: A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race. | <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| | | <input type="checkbox"/> Two or More Races: All persons who identify with more than one of the above six races. |

I first learned of this job opening through: (Check One)

- | | |
|---|--|
| <input type="checkbox"/> CAPMC Job Bulletin / Website | <input type="checkbox"/> School Placement Office |
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Trade or Professional Publication _____ |
| <input type="checkbox"/> Friend or relatives _____ | <input type="checkbox"/> Current CAPMC employee _____ |
| <input type="checkbox"/> Organization or Group _____ | <input type="checkbox"/> Other _____ |