

HUMBOLDT COMMUNITY ACCESS AND RESOURCE CENTER

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

1. Your name: \_\_\_\_\_  
*First Middle Last*

Is any additional information, such as change of name, use of an assumed name or nickname, required to enable us to verify your entire employment history, references, educational background, required licensing and/or certifications, if applicable, and criminal report, if any, if a comprehensive background investigation is deemed necessary? If yes, please indicate what names should be referred to:

2. Your present residence address: \_\_\_\_\_

\_\_\_\_\_  
*Street City State Zip Code*

3. Your present mailing address: \_\_\_\_\_

\_\_\_\_\_  
*P.O. Box or Street City State Zip Code*

4. Telephone Number: Home: \_\_\_\_\_ Email address: \_\_\_\_\_

5. Name, address and telephone number of person to be notified in case of an accident or emergency: \_\_\_\_\_

Hire is subject to verification that you meet legal age requirements.

6. Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_\_ Such proof may be required after employment.

7. Humboldt Community Access and Resource Center (hereafter, "HCAR") is an equal opportunity employer. This means that employment decisions are based on merit and business needs and not on race, color, national origin, ancestry, sex, sexual orientation, age, religion, creed, mental or physical disability, medical condition, marital status, citizenship status, military service status, or any other factor rendered unlawful by federal, state, or local law.

8. By whom were you referred for a position here? \_\_\_\_\_

8(a). If you were not referred, how did you learn of the opening? \_\_\_\_\_

9. Date available to begin work: \_\_\_\_\_

10. Position(s) applied for: \_\_\_\_\_

11. Are you applying for a full-time or part-time position? \_\_\_\_\_

a. If part-time, please specify what days and hours you are available: \_\_\_\_\_

12. Have you ever applied for employment at HCAR previously? \_\_\_\_\_

a. If so, when? \_\_\_\_\_

b. Were you previously employed here? \_\_\_\_\_

If so, when? \_\_\_\_\_

13. Please describe any skills acquired during service in the armed services which would assist you in performing the job applied for.

---

14. Do you possess a current: First Aid Card? Yes No CPR card? Yes No

15. Please indicate your educational background:

<i>School or Agency</i>	<i>City</i>	<i>Graduated</i>		<i>Subjects</i>
_____		Yes	No	_____
High School				
_____		Yes	No	
College				
_____		Yes	No	
Business/Trade				

16. Please list the last three employers, starting with the most recent.

1) Name of employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2) Name of employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3) Name of employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

May we contact these employers: Yes No

Please indicate any employers you would prefer we not contact: \_\_\_\_\_

---

**PLEASE NOTE THE FOLLOWING:**

All offers of employment are contingent on verification of your right to work in the United States, as required by the Immigration Reform and Control Act of 1986. Upon receiving a conditional offer of employment, you will be asked to provide original documents verifying your right to work and to sign a verification form required by federal law. If you cannot verify your right to work in the United States, HCAR may be obliged to revoke its offer of employment.

I understand that HCAR will thoroughly investigate my entire employment history, references, educational background, required licenses and/or certifications, if applicable, and criminal record, if any, and I expressly authorize HCAR to verify all information provided in this employment application, related documents and/or employment-related interviews or discussions.

A medical examination, which may include a test for drugs and alcohol, may be required after an offer of employment is made to a job applicant and before the applicant begins employment duties. I expressly agree to present myself to a physician chosen by HCAR if requested to do so by HCAR after an offer of employment is made and before my employment begins and also at any time during my employment. All medical information thus obtained will be treated in a strictly confidential manner. Refusal to take the entrance examination and/or to submit to a blood or urine sample for testing may result in a withdrawal of HCAR's conditional offer of employment and a denial of employment.

**I understand there are no oral or implied contracts of employment at HCAR. I understand that this application does not constitute an offer of employment or an employment contract. If I am hired by HCAR, I understand that my employment will be at-will, and that either HCAR or I can terminate my employment at any time, with or without notice, with or without "cause," for any reason or no reason at all.**

I have read this application and understand it completely.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

## HCAR AFFIRMATIVE ACTION PROGRAM QUESTIONNAIRE

Dear Applicant:

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. It will not be used in any way to measure qualifications or make any employment decisions.

Position applying for:

### 1. **WHAT IS YOUR RACE?** (Select one or more of the six specific race categories listed below.)

\_\_\_\_\_ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **Black or African American** - A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **American Indian or 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 attachment.

### 2. **COUNTRY OF BIRTH (NATIONAL ORIGIN):**

3. **SEX:** \_\_\_\_\_ Male \_\_\_\_\_ Female

4. **VETERAN:** \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Vietnam Era \_\_\_\_\_ Disabled Veteran

\_\_\_\_\_ Other Eligible Veteran (served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized)

**HCAR IS AN EQUAL OPPORTUNITY EMPLOYEE**

***DO NOT WRITE BELOW THIS LINE – FOR HCAR USE ONLY***

**REFERENCE CHECK**

**NAME:** \_\_\_\_\_

Checked By: \_\_\_\_\_ Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_

Applicant Eligible for Rehire: \_\_Yes \_\_No Attendance: \_\_Good \_\_Average \_\_Poor

Dates of Employment Verified: \_\_Yes \_\_No Performance: \_\_Good \_\_Average \_\_Poor

Comments:

---

Checked By: \_\_\_\_\_ Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_

Applicant Eligible for Rehire: \_\_Yes \_\_No Attendance: \_\_Good \_\_Average \_\_Poor

Dates of Employment Verified: \_\_Yes \_\_No Performance: \_\_Good \_\_Average \_\_Poor

Comments:

---

Checked By: \_\_\_\_\_ Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_

Applicant Eligible for Rehire: \_\_Yes \_\_No Attendance: \_\_Good \_\_Average \_\_Poor

Dates of Employment Verified: \_\_Yes \_\_No Performance: \_\_Good \_\_Average \_\_Poor

Comments:

---

**Final Disposition:** *Hired* \_\_\_\_\_ *Not Hired* \_\_\_\_\_