

2511 Garden Road. Suite A160 Monterey, CA 93940 (831) 658-3811 (831) 658-3815 Fax www.chservices.org

COMMUNITY HUMAN SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary

Address: Street City State Zip Telephone Number: 4. Email Address Are you at least 18 years old? Yes No If employed & under the age of 18, can you furnish a work perm Do you have a legal right to work in the United States? Yes No If employed, you will be required to provide proof. Have you applied to Community Human Services for employment in the past? Yes No If yes, when? Position applied for: Do you have any relatives currently employed by Community Human Services? Yes No If yes, who? What relation to you? Have you ever used another name that we would need to verify your employment experience and en Yes No If yes, indicate such name and the date the name changed:	Name:			
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If employed, you will be required to provide proof. Have you applied to Community Human Services for employment in the past?	Are you a	at least 18 years old?	Yes□ No If employed & under the ag	ge of 18, can you furnish a work permit? ☐ Yes ☐ N
Have you applied to Community Human Services for employment in the past?	Do you h	ave a legal right to wor	k in the United States? Yes	□ No
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	Have you	ı ever used another naı	ne that we would need to verify you	ur employment experience and education?
• Are you currently employed? Yes No If yes, may we contact your current employer at anytime?	☐ Yes [☐ No If yes, indicate so	uch name and the date the name chan	nged:
· Are you currently employed? Yes No If yes, may we contact your current employer at anytime?				
• Are you currently employed? Yes No If yes, may we contact your current employer at anytime?				
· Are you currently employed? Yes No If yes, may we contact your current employer at anytime?				
	· Are you c	currently employed?	Yes No If yes, may we contact yo	our current employer at anytime? Yes No
You may contact my current employer, but only when:	□Vон ma	ay contact my current en	onlover but only when:	

1. Position for which you are applying: First Choice Second Choice Salary/wage desired: 3. Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ On-Call ☐ Weekends ☐ Overtime ☐ Split Shift Evenings Other: 4. When would you be available to start working? 5. How did you hear about the availability of the position for which you are applying? ☐ Newspaper Advertisement ☐ Employment Agency ☐ Current Employee ☐ Friend Relative ☐ Walk-In Other: 6. If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? \square Yes \square No Class: State: Expiration Date: 7. Have you been given a Job Description, or have the requirements of the job been explained to you? Yes No Do you understand these requirements? ☐ Yes ☐ No 8. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No 9. Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts? ☐ Yes ☐ No SPECIAL SKILLS AND TRAINING 1. Describe specialized training, apprenticeships, skills or research: 2. List current certifications and/or professional licenses, if any, and where registered: 3. Office/business equipment and software qualified or trained to use: **Please Check Software and List Programs** 4. Check special skills or training: (i.e., Word, Excel, etc.): ☐ basic ☐ adv. ☐ Office Management ☐ Bookkeeping ☐ Word Processing ☐ Administrative ☐ Counseling ☐ Spreadsheet ☐ basic ☐ adv. ☐ Management ☐ Fundraising Database ____ basic ☐ adv. ☐ Marketing ☐ Social Services ☐ Accounting ☐ basic ☐ adv. ☐ Other ☐ basic ☐ adv. 5. Please indicate any language skills, other than English, below: **READING SPEAKING UNDERSTANDING WRITING LANGUAGE** FLUENT GOOD GOOD FLUENT GOOD FLUENT GOOD FAIR FLUENT FAIR FAIR FAIR

POSITION

EMPLOYMENT EXPERIENCE

<u>Directions</u>: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

١.	Employer			Dates	Employed	Key Responsibilities
				From	То	
	Address					
				□ Full Time	D Port Time	
	-			□ Full-Time	□ Part-Time	
	Telephone Number	Supervisor's	Name, Title and	l elephone N	umber	
				1		
	Job Title					
	Reason for Leaving:	tesigned 🗌 Lai	d off Discharged	t		
	Why?					
	C			_		
2.	Employer				Employed	Key Responsibilities
				From	То	
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	Telephone Number	Supervisor's	Name, Title and			
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	Job Title					
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3.	Employer			Dates	Employed	Key Responsibilities
J.				From	To	Rey Responsibilities
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	Telephone Number	Supervisor's	Name, Title and	Telephone N	umber	
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TYPE of	SCHOOL	SCHOOL NAME, CITY	and STATE	MAJOR	Choos	e Last Year
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Commun	ity College		From: To:	Degree: Yes No		1 🗌 2
College/	/University		From:	Degree: Yes No	1	2 🗆 3 🗀 4
Gradua	te School		From:	Degree: Yes No	1	2 🗆 3 🗀 4
siness/Trac	de/Night School		From:	Degree: Yes No	1	2 🗆 3 🗀 4
MPL	O Y M E N	T REFEREN	CES	-		
1	Name	Business Relation	onship	Organization/Addre	ess	Telephone
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