

CA Center for Cooperative Development

An Equal Opportunity Employer

Thank you for your interest in working for our non-profit. Please accurately complete and return via email to: info@cccd.coop, Subject: TAS Application

NOTE: If you need additional space for any question please use reverse side.

Print Name: _____
Last First Middle Initial Maiden or Other Name

Address: _____
Number Street Apt/Unit # (if applicable) City State Zip Code

How long at this address? _____ Email address: _____

Telephone Home: _____ Cell: _____ Other: _____

Primarily Interested in _____ Part Time Employment _____ Full Time Employment

Have you ever been convicted of a crime? **Yes*/No**

*If yes, explain number and date of conviction(s), nature of offense(s) leading to conviction(s), sentence(s) imposed, and type(s) of rehabilitation: _____

Do you hold a current driving license? **Yes/No**

Please indicate non-English languages & level of fluency: _____

Please indicate when you are available (days/hours) to intern:

M: TU: W: TH: F: SA:

When can you begin work? _____

Military Service

Have you ever been in the Armed Forces? **Yes*/No**

If yes, please state your discharge date (or status) & type of discharge: _____

Technology/Software Proficiency - Please state program & identify your level of proficiency

Relevant Technology/Software Proficiency Level (1= barely proficient; 5=highest possible proficiency level)

MS Office-Word 1 2 3 4 5

MS Office-Excel 1 2 3 4 5

MS Office-Powerpoint 1 2 3 4 5

SAS, GRET, STATA or other statistical

program (not required) List: _____ 1 2 3 4 5

Adobe or other graphic programs List: _____ 1 2 3 4 5

Other relevant technology/software @ level 3 proficiency or above: _____

Employment History

Please start with your most recent employment. Briefly describe the main duties and responsibilities. If you wish to expand on specific areas of responsibility, please do so in Section 5: Experience/skills.

1. Current/most recent employer/organization

Employer/Dept.:

Address:

Job Title:

Brief description of duties:

Supervisor Name:

Phone:

From: To:

Reason for leaving/changing:

2. Employer/organization

Employer/Dept.:

Address:

Job Title:

Brief description of duties:

Reason for leaving/changing:

Supervisor Name:

Phone:

From: To:

3. Employer/organization

Employer/Dept.:

Address:

Job Title:

Brief description of duties:

Reason for leaving/changing:

Supervisor Name:

Phone:

From: To:

Education

High School:

Graduation Date:

Address:

College, Trade or Professional School:

Address:

Major, Degree & Date:

Number of Years Completed:

College, Trade or Professional School:

Address:

Major, Degree & Date:

Number of Years Completed:

College, Trade or Professional School:

Address:

Major, Degree & Date:

Number of Years Completed:

References

Please give name, address and position/occupation of three references you are affiliated with professionally who are not related to you. One must be your present or most recent employer. **Please note if you want to be contacted before we communicate with the reference.**

1. Name:

Organization:

Address:

Professional Relationship:

Position:

Email:

Tel:

2. Name:

Organization:

Address:

Professional Relationship:

Position:

Email:

Tel:

3. Name:

Organization:

Address:

Professional Relationship:

Position:

Email:

Tel:

The information supplied in this application form is accurate to the best of my knowledge.

Signed: _____ Date: _____

Thank you for completing the form, and for your interest in the position!