

# California Center for Cooperative Development

979 F Street, Suite A, Davis, CA 95616 530-297-1032 [www.cccd.coop](http://www.cccd.coop)

CCCD is an Equal Opportunity Employer

Thank you for your interest in working for our non-profit. Please accurately complete, save, and return via email to: [coops@cccd.coop](mailto:coops@cccd.coop)

## Print Name:

Last

First

Middle Initial

Maiden or Other Name

## Address:

Number

Street

Apt/Unit # (if applicable)

City

State

Zip Code

## Permanent address (if different):

## How long at this address?

## Complete mailing address (if diff from home):

## Telephone Home:

## Cell:

## Other:

## Email address:

## When can you begin work?

## Please respond to A - H below:

A) Please indicate times/days you cannot work on a regular basis:

Mon:

Tue:

Wed:

Thu:

Fri:

B) Are you able/willing to work occasional evenings and weekends?

Yes

No

C) Are you able/willing to participate in occasional work-related travel that requires overnight stay(s)?

Yes

No

D) Are you able/willing to work occasional overtime, including weekends?

Yes

No

E) Are there any restrictions regarding your employment (e.g. days/hours, special permit, etc.)?

Yes\*

No

\*If Yes, please state:

F) To comply with Employment laws you will need to provide legally specified documents that establish your identity and your employment eligibility. Will you be able to provide this documentation?

Yes

No\*

\*If No, please explain:

G) Do you hold a current driving license?

Yes

No

H) **Military Service:** Have you ever been in the Armed Forces?

Yes\*

No

\*If Yes, please state discharge date (or status) & type of discharge:

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

**Technology/Software Proficiency**-Please identify your level of proficiency for each of the following by selecting the number reflecting your proficiency level

### Relevant Technology/Software

**Proficiency Level** (1= barely proficient; 5=expert proficiency level)

MS Word

MS Excel

Database-Salesforce or other

Task Organization-Slack or other, name:

Other Technology, name:

## Education

High School:

City/State:

Graduation Date:

College, Trade or Professional School:

Full Address:

Number of Years Completed:

Major, Degree & Date:

College, Trade or Professional School:

Full Address:

Number of Years Completed:

Major, Degree & Date:

College, Trade or Professional School:

Full Address:

Number of Years Completed:

Major, Degree & Date:

**Employment History:** *Provide a complete list of **past four employers** ordering from **most to least recent**. Briefly describe the main duties and responsibilities. If you wish to expand on specific areas of responsibility, please attach additional information.*

**1. Current/most recent employer/organization - May we contact this employer for a reference:**      **Yes**      **No**

Employer/Dept.:

Address:

Supervisor Name:

Email:

Phone:

Your Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

**2. Employer/organization - May we contact this employer for a reference:**      **Yes**      **No**

Employer/Dept.:

Address:

Supervisor Name:

Email:

Phone:

Your Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

**3. Employer/organization - May we contact this employer for a reference:**      **Yes**      **No**

Employer/Dept.:

Address:

Supervisor Name:

Email:

Phone:

Your Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

**4. Employer/organization - May we contact this employer for a reference:**      **Yes**      **No**

Employer/Dept.:

Address:

Supervisor Name:

Email:

Phone:

Your Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

## References

Please list name, address, and position/occupation of **three** references you are affiliated with professionally who are not related to you, preferably your employer/supervisor. 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:	Position:
Organization:	Email:
Address:	Tel:
Professional Relationship:	
2) Name:	Position:
Organization:	Email:
Address:	Tel:
Professional Relationship:	
3) Name:	Position:
Organization:	Email:
Address:	Tel:
Professional Relationship:	

### **Please Read Carefully, Initial Each Paragraph, and Sign Below** California Center for Cooperative Development (CCCD)

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information, including providing a complete list of my past 4 employers, 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 of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am hired, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize CCCD to thoroughly investigate my work record, education, and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the organization any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview (which may be granted) or during my employment, if hired, is intended to create an employment contract between me and CCCD. In addition, I understand and agree that if I am employed my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or CCCD, and that no promises or representations contrary to the foregoing are binding on the organization unless made in writing and signed by me and CCCD's designated representative.

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Date

Applicant's Signature