

Center for Cooperative Development

979 F St., Suite A-1 Davis, CA 530/297-1032 www.cccd.coop

An Equal Opportunity Employer

Thank you for your interest in working for our non-profit. Please do not inquire further about this position by phone.

Please accurately complete & return via email to: info@cccd.coop with the Subject: TAS Position

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? _____ **Social Security Number:** _____

Complete mailing address (if diff from above): _____

Telephone Home: _____ **Cell:** _____ **Other:** _____

Email address: _____ **When can you begin work?** _____

Interested in: _____ Employee—full-time _____ Employee—part-time

Please respond to A-I below:

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

M: _____ TU: _____ W: _____ TH: _____ F: _____

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 you answer **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 you answer **No** please explain: _____

G) Have you ever been convicted of a criminal offense—felony or misdemeanor? ___ **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: _____

H) Do you hold a current driving license? ___ **Yes** ___ **No**

I) **Military Service:** Have you ever been in the Armed Forces? ___ **Yes*** ___ **No**

*If **yes**, please state your 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
Relevant Technology/Software

Proficiency Level

(1= barely proficient; 5=expert proficiency level)

MS Word _____ 1 2 3 4 5

MS Excel _____ 1 2 3 4 5

Name of Web Devel or Maintenance Program: _____ 1 2 3 4 5

Name of Database Management Program: _____ 1 2 3 4 5

Name of Other Relevant Tech @ Level 3 or above: _____ 1 2 3 4 5

Name of Other Relevant Tech @ Level 3 or above: _____ 1 2 3 4 5

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: *Please list 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 give the 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 would like 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 that might adversely affect my chances for employment/contract 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/contract 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/contract, 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.

Date

Applicant's Signature