

### *An Equal Opportunity Employer*

**Print Name:** \_\_\_\_\_

**How long at this address?** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Complete mailing address (if diff from above):**

**Telephone** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Email address:** \_\_\_\_\_ **When can you begin work?** \_\_\_\_\_

**Interested in:** ☐ Employee—full-time ☐ Employee—part-time

**Please indicate any days/times, other than late night or very early morning, that you are never able to work**

M:\_\_\_\_\_ TU:\_\_\_\_\_ W:\_\_\_\_\_ TH \_\_\_\_\_ F: \_\_\_\_\_ SA:\_\_\_\_\_ SU:\_\_\_\_\_

A) Are you able/willing to work occasional evenings and weekends?	Yes	No*
<i>If no, please explain:</i>		

B) Are you able/willing to participate in occasional work-related travel work that requires overnight stay(s)? **Yes** **No\***  
*If no, please explain:*

C) Are you able/willing to work occasional overtime, including weekends?      **Yes**      **No**

D) Are there any restrictions regarding your employment (e.g. days/hours, special permit, etc)? **Yes\*** **No**  
*\*If you answer Yes please state:*

E) 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:*

F) 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:**

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 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. Experience with MS-Word and Excel is required; if proficiency is basic you will need to be willing to learn more to improve proficiency.*

<b>Relevant Technology/Software</b>	<b>Proficiency Level</b> <b>1</b> <b>(1= barely proficient; 5=expert proficiency level)</b>				
<u>MS Office--Word</u>	1	2	3	4	5
<u>MS Office: Excel</u>	1	2	3	4	5
<u>QuickBooks</u>	1	2	3	4	5
<u>Other accounting software (specify: _____)</u>	1	2	3	4	5
<u>Website development, design or maintenance (not required)</u>	1	2	3	4	5
<u>Filemaker, Access or other data management program (not required)</u>	1	2	3	4	5
<u>Other relevant technology/software @ level 3 proficiency or above:</u>					

## 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:

Professional Certification Agency:  
Address:  
Type of Certification:

Completion Date:

**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 attach a separate sheet.*

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

Employer/Dept.: Supervisor Name:  
City, State: Email: Phone:  
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.: Supervisor Name:  
City, State: Email: Phone:  
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.: Supervisor Name:  
City, State: Email: Phone:  
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.: Supervisor Name:  
City, State: Email: Phone:  
Job Title: From: To:  
Brief description of duties:

Reason for leaving/changing:

## References

Name, contact information and position/occupation of **three** referees are required. References must be individuals 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: Position:  
Organization: Email:  
Address: Tel:  
Professional Relationship: \*Notes:

**References, Continued**

2. Name:	Position:
Organization:	Email:
Address:	Tel:
Professional Relationship:	*Notes:

3. Name:	Position:
Organization:	Email:
Address:	Tel:
Professional Relationship:	*Notes:

**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.

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Month, Day, Year

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Applicant's Signature