



COMMUNITY ACTION OF NAPA VALLEY

2521 Old Sonoma Road, Napa CA 94558
707.253.6100 Fax 253.6156

EMPLOYMENT APPLICATION

IT IS OUR POLICY TO PROVIDE EQUAL OPPORTUNITY TO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, AGE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, PHYSICAL HANDICAP, SEXUAL ORIENTATION, MARITAL STATUS OR MEDICAL CONDITION

PLEASE ANSWER ALL SECTIONS COMPLETELY AND ACCURATELY EVEN IF ATTACHING A RESUME. PLEASE PRINT.

DATE \_\_\_\_\_

NAME \_\_\_\_\_
Last First MI

ADDRESS \_\_\_\_\_
No. Street City State Zip Code

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?.....  Yes  No

Regular part-time work?.....  Yes  No

Temporary work, e.g. summer or holiday work?.....  Yes  No

What days and hours are you available to work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends?.....  Yes  No

Would you be available to work overtime, if necessary?.....  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Salary Desired: \_\_\_\_\_

(more)

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**PERSONAL INFORMATION**

Have you ever applied to or worked for CANV or its programs before?..... Yes  No

If yes, where and when?\_\_\_\_\_

Do you have any friends or relatives currently working for CANV or its programs?.....  Yes  No

If yes, state name(s) and relationship\_\_\_\_\_

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?..... Yes  No

Are you at least 18 years old?..... Yes  No

(if under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?..... Yes  No

Are you able to perform the essential functions of the job for which you are applying?..... Yes  No

If no, describe the functions that cannot be performed.\_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applications/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying?..... Yes  No

If no, describe the functions that cannot be performed.\_\_\_\_\_

\_\_\_\_\_

(Note: Hire may be subject to passing a medical examination and skill and agility tests.)

Are you currently employed?..... Yes  No

If so, may we contact your current employer?..... Yes  No

(more)

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**EDUCATION, TRAINING AND EXPERIENCE**

School	Name and Address	# of years Completed	Did you graduate?	Degree or Diploma/Major
High School			Yes____ No____	
College/ University			Yes____ No____	
Vocational/ Business			Yes____ No____	
Post Graduate			Yes____ No____	

Do you speak any other language(s) in addition to English?..... Yes  No

If yes, which language(s)?\_\_\_\_\_ Please answer the following:

I can:  read  write  speak fluently  only enough to understand the above language(s).

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Community Action of Napa Valley? If so, please explain\_\_\_\_\_

Answer the following questions if you are applying for a position that requires permit, license or certificate.

Are you certified or licensed for the position applied for?..... Yes  No

Name of certification/license\_\_\_\_\_ issuing state\_\_\_\_\_

Certification or license number\_\_\_\_\_ please attach photo copy.

Has your certificate/license ever been revoked or suspended?..... Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement\_\_\_\_\_

(more)

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**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. Name of Employer\_\_\_\_\_

Address\_\_\_\_\_

No. Street	City	State	Zip
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Type of Business\_\_\_\_\_

Telephone No.(\_\_\_\_\_)\_\_\_\_\_ Your Supervisor's Name\_\_\_\_\_

Your Position and Duties\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From\_\_\_\_\_ To\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

MAY WE CONTACT EMPLOYER  Yes  No WHY?\_\_\_\_\_

\_\_\_\_\_

2. Name of employer\_\_\_\_\_

Address\_\_\_\_\_

No. Street	City	State	Zip
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Type of Business\_\_\_\_\_

Telephone No.(\_\_\_\_\_)\_\_\_\_\_ Your Supervisor's Name\_\_\_\_\_

Your Position and Duties\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From\_\_\_\_\_ To\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

MAY WE CONTACT EMPLOYER  Yes  No WHY?\_\_\_\_\_

\_\_\_\_\_

(more)

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3. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

MAY WE CONTACT EMPLOYER  Yes  No WHY? \_\_\_\_\_

4. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

MAY WE CONTACT EMPLOYER  Yes  No WHY? \_\_\_\_\_

Note: Attach additional page(s) if necessary.

(more)

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**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?..... Yes  No

If so, describe: \_\_\_\_\_

Have you been employed by or operated a State of California licensed educational, childcare, or juvenile facility?  
..... Yes  No

Name and Address of Facility \_\_\_\_\_

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No.(\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No.(\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No.(\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

(more)

*Please Read Carefully; Initial Each Paragraph and Sign Below.*

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment 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 employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize CANV to thoroughly investigate my references, work-record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to CANV 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 CANV 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 CANV and me. 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 CANV, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



COMMUNITY ACTION OF NAPA VALLEY

EQUAL EMPLOYMENT OPPORTUNITY DATA

TO BE COMPLETED BY APPLICANT

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are collecting this information for equal opportunity employment reporting purposes, and it will not become part of your personnel record if you are hired by this agency. Thank you for your assistance.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

Gender:  Male  Female  Nonbinary  Choose not to identify

Race/Ethnicity:  American Indian or Alaska Native  Two or more races
 Asian  Choose not to identify
 Black or African-American
 Hispanic or Latino
 White
 Native Hawaiian or other Pacific Islander

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check below where applicable:

Vietnam Era Veteran  Disabled Veteran  Individual with a Disability  Choose not to identify

To assist us in our recruitment efforts, please indicate how you found out about the job.

Newspaper (give name) \_\_\_\_\_

Other publication (give name) \_\_\_\_\_

Friend  CANV employee

Walk-in  Employment agency

School or other placement office:  Online website: \_\_\_\_\_