

YOLO COUNTY CHILDREN'S ALLIANCE & CHILD ABUSE PREVENTION COUNCIL

600 A Street, Suite Y, Davis, Ca 95616



Job Application Form

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number (____) _____

Are you eligible to work in the United States? Yes _____ No _____

If you are under age 18, do you have an employment/age certificates? Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____ If yes, please explain: _____

Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances within the past ten years? Yes ___No___ If yes, please explain:

POSITION/AVAILABILITY:

Position Applied For

Days/Hours Available:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____

Hours Available: from _____ to _____

What date are you available to start work?

EDUCATION:

Name and Address of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____

Dates Employed: _____ Salary: _____

Responsibilities: _____

Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____

Dates Employed: _____ Salary: _____

Responsibilities: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

PROFESSIONAL REFERENCES

Please list Name, Title, Company, Phone, and Email for each reference below:

1) _____

2) _____

3) _____

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____

The mission of the Yolo County Children's Alliance is to assess, coordinate and act to strengthen and support the continuum of preventio and intervention services and resources for children, youth and their families.

YCCA is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, disability or veteran status. If you need assistance or accommodation during the application process because of a disability, it is available upon request. Yolo County Children's Alliance is pleased to provide such assistance and no applicant will be penalized as a result of such a request.