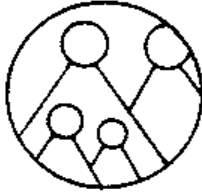


FAMILY RESOURCE & REFERRAL CENTER

Serving Communities for over 35 years

509 W. Weber Ave., Suite 101
Stockton, California 95203



Administration
Community Resource and Referral
Child Care Assistance
Early Care and Education
Child Nutrition

Phone: (209) 948-1553
Toll Free Phone: (800) 526-1555
Fax: (209) 948-3554
www.frresj.org

APPLICATION FOR EMPLOYMENT

Please complete application fully. If an item does not apply, note "N/A". For additional employment history, attach an additional sheet. *Do not provide information that is not requested.*

Date: _____ Position applying for: _____

Personal Information

Email: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Previous Addresses:

Address: _____ City: _____ State: _____ ZIP: _____

Address: _____ City: _____ State: _____ ZIP: _____

Are you currently employed? Yes No When are you available to start? _____

Do you have any relatives working for Family Resource & Referral? Yes No
If yes, name(s): _____

Are you available to work some non-traditional hours? Yes No

Are you eligible to work in the U.S.? Yes No (*Proof of eligibility will be required upon offer of employment.*)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? 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 applicants/employees to perform essential functions.)

Are you a current or former Head Start participant? Yes No

- Positions contracted under the SJ County Office of Education Head Start San Joaquin require our agency to determine if applicants are retirees of CalPERS or CalSTRS and to report any FRRC earnings. Are you such a retiree? Yes No

Are you under 18 years of age? Yes No

How did you hear about the opening? _____

Are you willing to take a drug test? Yes No (Current illegal drug use will disqualify you from consideration from employment. All job offers are contingent upon taking and passing a pre-hire drug test.)

If the position you are applying for requires any of the following pre-employment tests or clearances, are you willing to take those that are applicable? (All required pre-employment tests will be scheduled and paid for by the agency.)

- Pre-employment physical? Yes No
- Criminal background fingerprint check? Yes No
- TB or other health test? Yes No

Employment History

Please list your employment history for the last seven years, starting with your current or most recent employer. If you have held more than one position for an employer, please complete one box for each position. Be sure to account for all time, even if not employed. Please fill out all information completely.

| | | | |
|-----------------------------------|---|-------------------|----------------|
| Employer Name and Address: | Start Date: | Supervisor | Phone # |
| | End Date: | | |
| | May We Contact? <input type="checkbox"/>Yes <input type="checkbox"/>No | | |
| Position and Duties: | Reason for Leaving: | | |

| | | | |
|-----------------------------------|---|-------------------|----------------|
| Employer Name and Address: | Start Date: | Supervisor | Phone # |
| | End Date: | | |
| | May We Contact? <input type="checkbox"/>Yes <input type="checkbox"/>No | | |
| Position and Duties: | Reason for Leaving: | | |

| | | | |
|-----------------------------------|---|-------------------|----------------|
| Employer Name and Address: | Start Date: | Supervisor | Phone # |
| | End Date: | | |
| | May We Contact? <input type="checkbox"/>Yes <input type="checkbox"/>No | | |
| Position and Duties: | Reason for Leaving: | | |

Education Information

| School Name | Date Graduated | Course Work | Degree / Major / Certificate |
|--------------------------|-----------------------|--------------------|-------------------------------------|
| High School: Address: | | | |
| College: Address: | | | |
| College: Address: | | | |

Work-Related References

List 3 professional references (not relatives) known for at least 1 year.

| Name | Address | Business | Phone | Date Acquainted |
|-------------|----------------|-----------------|--------------|------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

General Information

1. Related subjects of special study: _____

2. Special skills: _____

3. What foreign languages do you speak fluently? _____
Read fluently? _____ Write fluently? _____

Please attach a resume of your employment history, as well as photo copies of any certificates or diplomas from your education.

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment, may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered. I release Family Resource & Referral Center and my former employers, references, and other sources contacted from any and all liability for references or other inquiries for the purpose of verifying information on this application or my suitability for a position with Family Resource & Referral Center.

I agree that if hired, just as I have the right to terminate my employment at any time, with or without cause and with or without notice, the Agency may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of the Agency, other than its Executive Director or a designee of the Executive Director, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past, or in the future. I further understand that such an agreement must be in writing and signed by the Executive Director for it to be binding on either myself or the Agency. I further understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.

(By signing your name below, you are stating that you have read, understood, and agreed to the above.)

SIGNATURE

DATE

The Family Resource and Referral Center is funded by state contracts which are subject to annual review.

REVISED 2/15/18