

**FAMILY RESOURCE CENTER**  
*Serving Communities for over 40 years*

3127 Transworld Dr., Suite 100  
Stockton, California 95206

**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.frcsj.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 Center?  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.*

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*(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 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.*

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

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

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

## **Education Information**

<b>School Name</b>	<b>Graduated Yes/No</b>	<b>Course Work</b>	<b>Degree / Major / Certificate</b>
High School: Address:			
College: Address:			
College: Address:			

## **Work-Related References**

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

<b>Name</b>	<b>Business</b>	<b>Occupation</b>	<b>Phone</b>	<b>No. of Years Acquainted</b>
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.*

Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials 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.

\_\_\_\_\_  
Initials I hereby authorize Family Resource Center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company 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 Company, 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.

\_\_\_\_\_  
Initials 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 me and the Company. 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 the Company, 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.

\_\_\_\_\_  
Initials In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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