

APPLICATION FOR EMPLOYMENT

DEL NORTE SENIOR CENTER

COMMUNITY ACTION PARTNERSHIP OF DEL NORTE



An Equal Opportunity Employer

1765 Northcrest Drive, Crescent City, CA 95531
(707) 464-3069

www.delnorteseniorcenter.org
info@dncsl.org

Please fill out this application using Adobe Reader, or print and fill out in pen. You may submit your completed application by email, mail or in person. By submitting this application, you are certifying that the information you provide is true and correct. Providing false information on an employment application may be grounds for later termination.

Last Name	First Name	MI	Are you now or are you willing to get vaccinated for COVID-19 within 60 days of hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City/State	Zip Code	Phone Number	Email
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If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.
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Position Desired:	Wage/Salary Desired:	Full Time?	Part Time?
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Date you can begin work?	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.
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Name of high school attended:	City/State	Graduate?	GED?
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Name of college or technical school:	City/State	Degree?	Major:
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Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date:
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List any job-related skills or accomplishments, including military service:

- YOUR AVAILABILITY FOR WORK -

Regular business days are Monday through Friday. Some positions start as early as 7:00 a.m. Others end as late as 5:00 p.m. During these times, are you available any hours needed? Yes No If no, please note when available below:

	Monday	Tuesday	Wednesday	Thursday	Friday	
From:						Do you have any other requests or needs for a work schedule?
To:						

- REFERENCES -

- Provide Three References Who Are Not Former Employers Who We May Contact -

Name and Occupation	How do you know them, and for how long?	Phone Number

- YOUR EMPLOYMENT HISTORY -

List names of employers for last 10 years with most recent employer listed first. Attach additional pages if needed.

May we contact current employers before you are offered a position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Employer:	Job Title:	Dates of Employment: From: To:	
Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting pay: Ending pay:

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