

THE FRESNO CENTER EMPLOYMENT APPLICATION

Applicant Information:

	Mr./Ms.	Mr./Ms. Last Name First		irst	Middle		Application Date		
	Address								
	City		Zip Code	Telephone	Number	Email			
	Do you have legal documents to work in the U.S.? Yes No					Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No			
	List any military status and classification.								
	Position App	olying for:							
	Position Desired Salary Desir			ry Desired	d	I am seekin Full-Time	cking employment for: Date available to start Part-Time		
	Have you ever	applied for emple	oyment with t	his organiza	tion befor	e? Yes	□ No □ I	f yes, when?	
	Do you have relatives employed with this organization? If yes, please state name of individual and relationship. Yes No								
	Are you currently employed? Yes No						ployer?		
	Employment History: Please include all employment history with the most recent first.								
1	Dates Employe	ed Employer	Name and Ad	ldress				Phone Number	Supervisor's Name
1	Position			Duties:					Reason for Leaving
2	Dates Employe	ed Employer	Name and Ad	ldress				Phone Number	Supervisor's Name
	Position	•		Duties:					Reason for Leaving
3	Dates Employe	ed Employer	Name and Ac	ldress				Phone Number	Supervisor's Name
	Position	•		Duties:					Reason for Leaving
	Do you give Tl	he Fresno Center	permission to	contact you	ır previou	s superv	risor(s)? Ye	es No No	1

4879 E. Cesar Chavez Blvd * Fresno CA 93727 * Tel (559) 255-8395 * Fax (559) 255-1656

	Education:								
		Instituti	on Name and Location			Subject/Ma	jor	Diploma, Degree, or Certificate Obtained	
	High School								
	University/College								
	University/College								
	Licenses/Certifica	tes/Reg	gistration:			ı			
	License/Certificate/ Registration Title:		License/Certificate/Registration Number:			Date:	Expiration Date:		
If	applying for a license Yes No No	d position	on, are you able to supervise?						
	List any computer skills you may have and programs you have used such as Microsoft Word, Excel, Publisher, or Access. Professional References: Please list 3 non-relatives whom you have known for at least 2 years.								
	Name	Address	S	Telephone		Occupation		Years Known	
1									
2									
3									
	of facts may be cause	for disn	l statements contained in this applicanissal. I understand and agree that name my wages and salary, be terminated	ny employment is	of no c	lefinite perio	d and m		
	Signature					Date			
	Some states prohibit	discrimi	rohibits discrimination in employme nation because of age. The age disc age with respect to individuals who	rimination in emp	loymer	nt act of 1967	prohib	its	

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the request of any information on this form, this information will not be used to discriminate against possible employment.

Affirmative action plan/Equal employment opportunity (AAP/EEO):

It is the policy of The Fresno Center to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information or any other protected characteristic under applicable law. This policy relates to all phases of employment, including, but not limited to, recruiting, employment, placement, promotion, transfer, demotion, reduction of workforce and termination, rates of pay or other forms of compensation, selection for training, the use of all facilities, and participation in all company-sponsored employee activities. Provisions in applicable laws providing for bona fide occupational qualifications, business necessity or age limitations will be adhered to by the company where appropriate.

As part of the company's equal employment opportunity policy, The Fresno Center will also take affirmative action as called for by applicable laws and Executive Orders to ensure that minority group individuals, females, disabled veterans, recently separated veterans, other protected veterans, Armed Forces service medal veterans, and qualified disabled persons are introduced into our workforce and considered for promotional opportunities.

Self-Identification Form (Gender, Race, Ethnicity)

For equal employment opportunity and affirmative action purposes, The Fresno Center is required to invite applicants and employees to voluntarily self-identify their race/ethnicity and to report the gender makeup of our workforce. The information will be kept separate from other employment papers and records. Submission of this information is **VOLUNTARY** AND WILL NOT BE USED TO MAKE EMPLOYMENT DECISIONS. The information is used only in accordance with state and federal regulations.

Please print:							
Employee Name:	Last	First	MI				
Position Applied for:							
Please check:							
Gender: Male Female							
Race/Ethnicity: Are you Hispanic or Latino? Yes No							
If you answered "Yes," you have completed this form. If you answered "No," please select race from the options below.							
Race/Ethnicity: White (not Hispanic or Latino) Black or African American (not Hispanic or Latino) Native Hawaiian or Pacific Islander (not Hispanic or Latino) American Indian or Alaskan Native (not Hispanic or Latino) Asian (not Hispanic or Latino) Two or more races (not Hispanic or Latino) I do not wish to disclose							