



## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification. If you are hired, you will be required to provide verification of any information reported on this application.

Date of Application: \_\_\_\_\_

Program:  Cornerstone  Farmhouse  Harmony House  Safe Harbor  Solano House \_\_\_\_\_  
 Are you willing to be placed at a different program other than your first choice? Yes  No

Last Name:	First Name:		
Address:	City:	State:	Zip:
Phone:	Email:		

Referred by (if applicable): \_\_\_\_\_

Relatives employed by YCCC? \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Are you authorized to work in the U.S. on an unrestricted basis? Yes  No

Have you worked for this agency before? Yes  No

Have you been told the essential function of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes  No

If no, go to Yolo Community Care Continuum's website ([www.y3c.org](http://www.y3c.org)) to view job description.

Can you perform these essential functions with or without reasonable accommodation? Yes  No

### Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Day: 7am-3:30pm							
Swing: 3pm-11:30pm							
Grave: 11pm-7:30am							

Are you looking for?

- Full-time (40 hours/week)
- Part-time (32 hours/week)
- Per Diem (approx. 3 shifts per week)
- Weekend shifts
- Graveyard/NOC shifts (11p-730a)
- Swing shifts (3p-1130p)



**Employment Experience**

Start with your present or most recent job. Include any job-related military services assignments and volunteer activities. You may exclude any organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employed: from: \_\_\_\_\_ to: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this Employer? Yes  No

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Employed: from: \_\_\_\_\_ to: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this Employer? Yes  No

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Employed: from: \_\_\_\_\_ to: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this Employer? Yes  No



**Special Skills and Qualifications**

Do you speak, read or write any foreign languages fluently? Yes  No

Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

Summarize special job-related skills and qualifications acquired from employment and other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business, or civic activities and offices held (you may exclude any memberships which would reveal sex, race, religion, national origin, ancestry, disability, or other protected status).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

Name & Location

Degree/ Diploma

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

**References**

Please list name, address and telephone number of 3 references who are not related to you and are not previous employers.

Name

Email Address

Telephone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**APPLICANT’S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Yolo Community Care Continuum to make an investigation of any of the facts set forth in this application.

I understand that employment at Yolo Community Care Continuum is at-will, which means that either Yolo Community Care Continuum or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

I attest that I am a legal United States citizen and am eligible to work in the United States.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date