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| **EMPLOYER INFORMATION** |
| Coastal Seniors, Inc. |
| 24000 South Highway One |
| Point Arena, CA 95468 |
| (707) 882-2137 |
| It is the policy of Coastal Seniors, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status. |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | First |  | | | | | | | | | | M.I. | | | | | Date | |  | | | |
| Street Address |  | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |  | | | |
| City |  | | | | | | | | | | State |  | | | | | | | | | | ZIP | | |  | | | | | | | |
| Number of years at this address | | | | | |  | | | | | Daytime Phone | | | | | |  | | | | | | | Evening Phone | | | | | |  | | |
| Mobile Phone |  | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | |
| Date available to begin work: | | | | | |  | Social Security No. | | | | |  | | | | | | | | Driver’s License (State/Number) | | | | | | |  | | | | | |
| Job Position Applied for: | | | | | |  | | | | | | | | Full or Part Time? | | | | | | | | | | |  | | | | | | | |
| Who referred you to us? | | | | | | |  |  | | | |  | | | | | | | | | | | | | | | |  | | |  | |
| Are you a citizen of the United States? | | | | | | | YES | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | YES | | | NO | |
| Are you at least 18 years old? | | | | | | | YES | | NO | | | | | | | | | | | | | |  | | | | | | | | | |
| Have you ever worked for this company? | | | | | | | YES | | NO | | | | | | | | | If so, when? | | | | | | | | | | | | | |  |
| Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | |
| What reasonable accommodation, if any, would you request? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College/University Name | | | | |  | | | | | | | | | Address | | | | | | | | | | |  | | | | | | | |
| From |  | | To |  | | Did you graduate? | | | | YES | | | NO | | | | Degree | |  | | | | | | | | | | | | | |
| High School/GED Name | | | | | |  | | | | | | | | Address | | | | | | | | | | |  | | | | | | | |
| From |  | | To |  | | Did you graduate? | | | | YES | | | NO | | | | Degree | |  | | | | | | | | | | | | | |
| Other |  | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | |
| From |  | | To |  | | Did you graduate? | | | | YES | | | NO | | | | Degree | |  | | | | | | | | | | | | | |
| Please list current professional licenses or certifications that you hold: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Awards, Honors, Special Achievements: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |

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| Employment HISTORY*List current or most recent first* | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | Phone | ( ) | | | | | |
| Address | |  | | | | | | | | Supervisor | |  | | | | |
| Job Title | | | |  | | | | | | | | | | | | |
| Responsibilities | | | | |  | | | | | | | | | | | |
| From |  | | | | To | |  | Reason for Leaving |  | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | YES | NO |  | | | | | |
| Company | | |  | | | | | | | Phone | ( ) | | | | | |
| Address | |  | | | | | | | | Supervisor | |  | | | | |
| Job Title | | | | | | | | | | | | | | | | |
| Responsibilities | | | | |  | | | | | | | | | | | |
| From |  | | | | To | |  | Reason for Leaving |  | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | YES | NO |  | | | | | |
| Company | |  | | | | | | | | Phone | ( ) | | | | | |
| Address | |  | | | | | | | | Supervisor | |  | | | | |
| Job Title | | | | | | | | | | | | | | | | |
| Responsibilities | | | | |  | | | | | | | | | | | |
| From |  | | | | To | |  | Reason for Leaving |  | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | YES | NO |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | |
| Branch | |  | | | | | | | | | | From |  | To |  | |
| Rank at Discharge | | | | | |  | | | | | | Type of Discharge | | | |  |

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| Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer: |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | References | | | | | | Please list three non-relatives willing to provide a reference for you. | | | | | | Full Name |  | Relationship | |  | | Company |  | Phone | ( ) | | | Address |  | | | | |  |  |  | |  | | Full Name |  | Relationship | |  | | Company |  | Phone | ( ) | | | Address |  | | | | |  |  |  | |  | | Full Name |  | Relationship | |  | | Company |  | Phone | ( ) | | | Address |  | | | | | |
| CERTIFICATION | |
| I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.    I authorize Coastal Seniors, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.    If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Executive Director, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Coastal Seniors, Inc., except in a specific written contract of employment signed on behalf of the organization by its Executive Director, has the power to alter or vary the voluntary nature of the employment relationship.    I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS. | |
| Applicant Signature | Date | |