

DATE:	HIRED:	INTERVIEWER NAME:	APPLICANT'S NAME:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

FOR OFFICE USE ONLY



## FRANELJA ENRICHMENT CENTER APPLICATION FOR EMPLOYMENT

Fairfax Site – 901 Fairfax Ave., Unit B  
San Francisco, CA 94124

Please TYPE or PRINT your answers.

### APPLICANT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:	NICKNAME (OPTIONAL):	
HOME STREET ADDRESS:		CITY:		STATE: ZIP:
HOME PHONE:	CELL PHONE:	WORK PHONE:	EMAIL:	

### EMPLOYMENT DESIRED/AVAILABILITY

AVAILABILITY:	POSITION APPLYING FOR:		DATE YOU CAN START (IF HIRED):
	HOW DID YOU LEARN ABOUT THE POSITION?		
	HAVE YOU EVER BEEN EMPLOYED BY FRANELJA ENRICHMENT CENTER (FEC) BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHEN?
	DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY FRANELJA ENRICHMENT CENTER (FEC)? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, PLEASE STATE NAME(S) AND RELATIONSHIP:

### EMPLOYMENT ELIGIBILITY

If hired, are you able to present evidence of your U.S. citizenship or proof of your legal right to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid California Driver's License? (Necessary only if driving is required for position.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please describe the functions that cannot be performed: _____ <small>(NOTE: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination.)</small>	

### EDUCATIONAL EXPERIENCE (Please list most recent first)

SCHOOL NAME AND ADDRESS:	YEARS COMPLETED:	DID YOU GRADUATE?
<input type="checkbox"/> Yes <input type="checkbox"/> No		
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<input type="checkbox"/> Yes <input type="checkbox"/> No		
SCHOOL NAME AND ADDRESS:	YEARS COMPLETED:	DID YOU GRADUATE?
<input type="checkbox"/> Yes <input type="checkbox"/> No		

## MILITARY SERVICE

Have you served in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any pertinent skills or abilities that you have obtained as a result of your service in the military:	

## PROFESSIONAL/CIVIL INVOLVEMENT

List any professional, trade, business, or civic activities that might be pertinent to the position you are applying for:  
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or any other protected classes.)

## REFERENCES

List three people not related to you who have knowledge of your work performance over the last five years:

NAME	ORGANIZATION NAME & ADDRESS	PHONE NUMBER

## EMPLOYMENT EXPERIENCE (Please start with your present or most recent place of employment)

1.	NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:
JOB RESPONSIBILITIES:		
DATES EMPLOYED: TO: _____ FROM: _____		REASON FOR LEAVING:
SUPERVISOR'S NAME:		SUPERVISOR'S PHONE: <input type="checkbox"/> MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No

2.	NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:
JOB RESPONSIBILITIES:		
DATES EMPLOYED: TO: _____ FROM: _____		REASON FOR LEAVING:
SUPERVISOR'S NAME:		SUPERVISOR'S PHONE: <input type="checkbox"/> MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No

3.	NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:
JOB RESPONSIBILITIES:		
DATES EMPLOYED: TO: _____ FROM: _____		REASON FOR LEAVING:
SUPERVISOR'S NAME:		SUPERVISOR'S PHONE: <input type="checkbox"/> MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No

4.	NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:
JOB RESPONSIBILITIES:		
DATES EMPLOYED: TO: _____ FROM: _____		REASON FOR LEAVING:
SUPERVISOR'S NAME:		SUPERVISOR'S PHONE: _____
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT'S STATEMENT** (*Please read and initial each of the following before signing.*)

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 certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or mistake of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or on any document if I am employed, regardless of the time elapsed before discovery.

Initials: \_\_\_\_\_

I hereby authorize FranDelJA Enrichment Center (FEC) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to FranDelJA Enrichment Center (FEC) any information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release FranDelJA Enrichment Center (FEC), 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 hereby authorize FranDelJA Enrichment Center (FEC) to perform a criminal background check through Community Care Licensing. I understand that employment with FranDelJA Enrichment Center (FEC) may be subject to receiving a positive background report.

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 FranDelJA Enrichment Center (FEC). 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 FranDelJA Enrichment Center (FEC), and that no promises or representations contrary to the foregoing are binding on FranDelJA Enrichment Center (FEC) unless made in writing and signed by the FranDelJA Enrichment Center (FEC) Executive Director.

Initials: \_\_\_\_\_

I understand that I am an at-will employee of FranDelJA Enrichment Center (FEC), and that this agreement is not to be construed as constituting a promise of continued employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FranDelJA Enrichment Center (FEC) is an Equal Opportunity Employer**

*We will consider all qualified applicants including those with criminal histories in a manner consistent with the San Francisco Fair Chance Ordinance.*