



CEREBRAL PALSY CENTER FOR THE BAY AREA, INC.
4500 Lincoln Avenue, Oakland, CA 94602
Tel: 510.531-3323 Fax: 510.531-3323
Email: cpcoak@cpcoak.org* Web: http://www.cpcoak.org

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Date of application

Position(s) applied for

Name Last First Middle

Address Street

City State ZIP code

Telephone () Fax ()

Mobile/Beeper/Other phone () Email address

GENERAL

What is your desired salary range?

Upon request can you provide proof that you are authorized to work in the United States? Yes No

Are you over 18 years of age? Yes No
(If under 18, hire is subject to verification that you are of minimum legal age)

Date available for employment

Have you ever worked for us? Yes No If so, when:

Have you applied for work with us before? Yes No If so, when:

How were you referred to us? Employee: Ad:

Publication Other

List any friends and/or relatives working at the Cerebral Palsy Center and their relationship to you.

HOURS

Are you applying for: Regular full-time work Yes_____ No_____
Regular part-time work Yes_____ No_____
Temporary work Yes_____ No_____

Specify any hour or days you cannot or will not work _____

Are you willing to work overtime if needed _____

EMPLOYMENT HISTORY

(Start with your most recent position, use additional sheets if necessary. Do not omit any employers.)

1) Employer _____
Name Telephone

Address _____

Immediate supervisor and title _____

May we contact for reference? Yes_____ No_____ Later_____

Dates: From _____ To_____

Hourly rate/salary Start \$_____ per_____ Final \$_____ per_____

Job title _____
Starting Final

Brief description of your responsibilities _____

Reason for leaving _____

2) Employer _____
Name Telephone

Address _____

Immediate supervisor and title _____

May we contact for reference? Yes_____ No_____ Later_____

Dates: From _____ To_____

Hourly rate/salary Start \$_____ per_____ Final \$_____ per_____

Job title _____
Starting Final

Brief description of your responsibilities _____

Reason for leaving _____

3) Employer _____
Name Telephone

Address _____

Immediate supervisor and title _____

May we contact for reference? Yes _____ No _____ Later _____

Dates: From _____ To _____

Hourly rate/salary Start \$ _____ per _____ Final \$ _____ per _____

Job title _____
Starting Final

Brief description of your responsibilities _____

Reason for leaving _____

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

ESSENTIAL REQUIREMENTS OF THE POSITION

Can you perform the listed essential requirements with or without reasonable accommodation? Yes _____ No _____
(The essential requirements of the job for which you are applying are specified on the attached job description.)

The position applied for is contingent upon the employee passing a job-related physical examination, tuberculosis testing, and fingerprint clearance.

(Note: We comply with the ADA and state law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

REFERENCES

1) Name _____ Years known _____
Telephone (_____) _____ Occupation _____
How known _____

2) Name _____ Years known _____
Telephone (_____) _____ Occupation _____
How known _____

3) Name _____ Years known _____
Telephone (_____) _____ Occupation _____
How known _____

EDUCATIONAL BACKGROUND

High School _____
Name _____ Location (city and state) _____
Graduated? Yes____ No____

College _____
Name _____ Location (city and state) _____
Graduated? Yes____ No____

Major _____ Degree _____

Other schooling _____

OTHER

Besides the crime of possession of less than an ounce of marijuana for personal use more than two years ago, have you ever been convicted of any crime? _____Yes ___ No

Describe nature of the crime(s), when and where convicted and disposition of the case. _____

(A conviction will not necessarily disqualify an applicant from the job applied for. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered. You may exclude any conviction where the record was judicially ordered sealed, expunged or statutorily eradicated; and any misdemeanor for which probation was successfully completed or otherwise discharged and the case has been judicially dismissed.)

Have you ever committed a crime? Yes _____ No _____

Describe: _____

Are you currently under arrest pending trial? Yes _____ No _____

If yes, describe how it will affect your availability for work, if at all:

Have you ever stolen property or money from a former employer? Yes _____ No _____

Describe:

Have you ever damaged a former employer's property? Yes _____ No _____

Describe:

Do you carry a weapon on your person? Yes _____ No _____

If yes, do you have a permit to carry the weapon? Yes _____ No _____

APPLICANT STATEMENT

PLEASE CAREFULLY READ THE FOLLOWING STATEMENT BEFORE SIGNING:

I hereby certify that all information contained in this application is true and correct to the best of my knowledge. I further certify that I have not knowingly withheld any information that may adversely affect my chances for employment. I understand that any error or omission of information may result in denial of employment or termination at any time.

I authorize all my current and former employers and their employees, past or present, to give the Cerebral Palsy Center any and all information concerning my employment history and any pertinent information they may have, personal or otherwise. I also authorize that all my former schools may give the Cerebral Palsy Center any or all information concerning my education. I also authorize all the references that I have provided to give any information to the Cerebral Palsy Center that they consider relevant. I waive all privacy interests in such information.

I further release all the sources referenced above (and all their employees, officers, directors and agents) and the Cerebral Palsy Center (and its employees, officers, directors and agents) of all claims and liability for any damages resulting from their furnishing any information, whether I agree or disagree with the content of the disclosed information. Thus, I understand that if any one of the above sources discloses information which I believe to be erroneous, I cannot bring any legal action against that source or the Cerebral Palsy Center regarding the disclosure of the information. In this regard, I waive any and all benefits associated with California Civil Code Section 1542, which provides:

“General Release/Claims Extinguished. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

I also authorize the Cerebral Palsy Center (or its designated investigator) to obtain any criminal conviction records about me from any federal, state, or local law enforcement agency or court. I further release the Cerebral Palsy Center (and its employees, officers,

directors, and agents) and any court or law enforcement agency from any and all liability for any damages resulting from furnishing of any criminal conviction information, whether I agree or disagree with the contents of the information.

If employed, I understand that my employment can be terminated with or without cause, at any time, and for any reason, or no reason, at the option of either the Organization or myself. I understand that no one, other than the Executive Director of the Cerebral Palsy Center, has any authority to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to the foregoing. Any agreement entered into by the Executive Director can only be made in writing signed by him/her and the employee.

I understand that the issuance of this Application does not indicate that there are any positions open.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant_____

Date _____

We comply with the requirements of the Americans with Disabilities Act. If you feel that you require a reasonable accommodation at any step of the interview/application process please notify us within a reasonable time. We may request that you support your request with medical documentation.

It is our policy and intent to provide equal opportunity to all persons without regard to race, color, religion, sex, pregnancy, marital status, sexual orientation, age, national origin, disability, or medical condition as defined in state and federal laws. This policy covers all facets of employment including, but not limited to: recruitment, selection, placement, promotions, transfers, demotions, terminations, training, compensation and all aspects of employment.