



United Way
of Santa Barbara County

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Santa Barbara, CA 93101
Tel 805-965-8591
Fax 805-962-3461
Info@unitedwaysb.org
www.unitedwaysb.org

Employment Application

An Equal Opportunity Employer

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be typed, printed or carefully written in ink so that they are clear and readable. This application must be completed in its entirety before any offer of employment may be considered. **Resumes will not be accepted in lieu of any information required of this form.** United Way of Santa Barbara County observes all Federal and State law and regulations related to discrimination in employment.

A. Personal Information

Date _____

1. Name

Last	First	Middle
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2. Business Telephone (____) _____ 3. Home Telephone (____) _____

4. Mobile Phone (____) _____ 5. Email Address _____

6. Social Security No. _____ 7. Drivers License No. _____

8. Present Address _____

No.	Street	City	State	Zip
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9. Permanent Address if different from present address _____

No.	Street	City	State	Zip
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B. Employment Desired

1. Position applying for: _____

2. Are you applying for:

Regular full-time work? Yes _____ No _____

Regular part-time work? Yes _____ No _____

Temporary work e.g., campaign executive or special projects? Yes _____ No _____

3. What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____

4. Are you available to work on the weekends? Yes _____ No _____

5. Would you be available to work overtime, if necessary? Yes _____ No _____

6. If hired, on what date can you start work? _____

7. Salary desired: _____

C. Background Information

1. Have you ever applied to or worked for United Way of Santa Barbara County? Yes _____ No _____

If yes, when? _____

2. Do you have any friends or relatives working for United Way of Santa Barbara County?
Yes _____ No _____

If yes, state name(s) and relationship _____

3. Why are you applying for work at United Way of Santa Barbara County?

4. If hired, would you have a reliable and insured means of transportation to and from work?
Yes _____ No _____

5. Are you at least 18 years old?
Yes _____ No _____
(If under 18, hire is subject to verification that you are of minimum legal age.)

6. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?
Yes _____ No _____

7. Are you able to perform the essential functions of the job for which you are applying?
Yes _____ No _____

If no, describe the functions that cannot be performed. _____

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

8. Are you able to perform all other duties of the job for which you are applying? Yes _____ No _____

If no, describe the functions that cannot be performed. _____

Note: Hire may be subject to passing a medical examination, and to skill and agility tests.)

9. Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes _____ No _____

If yes, state the nature of the crime(s), when and where convicted and disposition of the case

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. 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 may, however, be considered.)

10. Are you currently employed?

Yes _____ No _____

If so, may we contact your current employer?

Yes _____ No _____

D. Work Relationships

1. How would you describe the type of relationship you should have with your supervisor? _____

2. How would you describe the type of relationship you should have with your subordinates? _____

3. Briefly describe both the best and worst supervisors to whom you have reported in the past.

4. What would you do if the president of the company asked you to do something that your supervisor had specifically asked you not to do?

E. Problem Solving

1. Describe a challenge you met in a previous job, and what you did to meet that challenge.

2. Describe a mistake you made in a previous job, and what you did to correct it.

3. If you had been out of the office for several days, how would you prioritize the work to be caught up on when you returned?

F. Essential Functions

(First, list or describe the essential functions of the job for the applicant.)

1. Can you perform the essential functions of this job with or without reasonable accommodation?

2. If not, which functions would you be unable to perform?

G. Work History

1. Name of Employer _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

2. Name of Employer _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

3. Name of Employer _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

4. Name of Employer _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Give any information you may wish covering your qualifications, licenses, certificates, or interests pertinent to the job for which you are applying. Include any courses or training which may be applicable. Attach additional sheet if needed.

Typing? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (WPM)	Date last tested: _____	Computer Software: <input type="checkbox"/> MS Word <input type="checkbox"/> MS Access <input type="checkbox"/> Word Perfect <input type="checkbox"/> Publishing <input type="checkbox"/> MS Excel <input type="checkbox"/> Other	Other Skills: <input type="checkbox"/> Adding Machine <input type="checkbox"/> Cashier <input type="checkbox"/> Switchboard <input type="checkbox"/> Translation <input type="checkbox"/> Data Entry <input type="checkbox"/> Other	
Professional License/Certification	Number	State Issued	Date Issued	Expiration Date
Professional License/Certification	Number	State Issued	Date Issued	Expiration Date

Please list any languages, **other than English**, that you are familiar with:

Language 1. _____

2. _____

1. Read Speak Write
2. Read Speak Write

H. Military Service

1. Have you obtained any special skills or abilities as the result of service in the military?
Yes _____ No _____

If so, describe: _____

I. References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1. Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

2. Name _____

Address _____

No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

3. Name _____

Address _____

No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

J. Please Read Carefully, Initial Each Paragraph and Sign Below

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

Initials

I hereby authorize the company to thoroughly investigate my references, credit, work record, education and other matters related to suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

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 the company and me. 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 the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Initials

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

Date

Applicant's Signature

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with United Way of Santa Barbara County, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from InfoLink Screening Services, Inc., (herein: "InfoLink") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Employment Credit Report or Equifax Persona report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, InfoLink will provide a written explanation of any coded information contained in my file. I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendation.

InfoLink's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the subscriber, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered

(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER or STATE ID # _____ STATE ISSUED _____ E-MAIL ADDRESS _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH _____

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? Yes No

Please List Other Names Used _____ Please List Other SS Number Used _____

(Please sign)

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report _____

TODAY'S DATE _____

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me: Yes, please send me a copy of my Report



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Company I.D.