

CALIFORNIA HUMAN DEVELOPMENT

APPLICATION FOR EMPLOYMENT An Equal Opportunity & Affirmative Action Employer

CHD is committed to the implementation of Equal Employment Opportunity and the Americans with Disabilities Act in our recruitment, selection, and placement of all personnel. Auxiliary aids and services are available from CHD upon request for individuals with disabilities. CHD is an at will employer.

Position(s) Applied for:		Date:	
Last Name	First Name	Middle Initial	
Address Number Street	City	State	Zip Code
Telephone number (s) Email address			
Are you available to work:	Date availab	le to work:/_	/
Full Time Colonia is a coloni		ry Range:	
Part Time ☐ (Please indicate mornings-at Temporary ☐ (Please indicate mornings-at			
Regular			
Have you ever worked for CHD? Yes □ N Program/Supervisor			
Are you able to travel if a job requires it? Yes No			
If offered employment, are you able to pro	ovide proof of authorization to v	work in the United States?	,

EDUCATION

	Name and Address of	Course of	Years	Diploma Degree
	School	Study	Completed	
Elementary				
School				
High School				
Undergraduate				
College				
Graduate				
Professional				
Other (Specify)				

	Indicate any foreign lang	guages you can speak, re	ead and / or write
	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT HISTORY

Provide the following information of your past three (3) employers, assignments or other volunteer activities, starting with the most recent.

From	То	Employer		Telephone # ()
Starting Job Title/F	inishing Job Title	Address		
Immediate Supervis	sor and Title	Summarize the Nature	of Work Pre	formed and Job Responsibilities
May We Contact Fo	or Reference			

Reason For Lea	ving			
From	То	Employer	Telephone	#()
			receptione	
Starting Job Title/F	inishing Job Title	Address		
Immediate Supervi	sor and Title	Summarize the Nature of Work	Performed and Jo	ob Responsibilities
May We Contact F	or Reference			
Reason For Leavin	g			
From	То	Employer	Telephone	#()
Starting Job Title/F	inishing Job Title	Address		
Immediate Supervi	sor and Title	Summarize the Nature of Work	Performed and Jo	ob Responsibilities
May We Contact F	or Reference			
Reason For Leavin	g			
Professional Ro	oferences.			
	and thees.			
1(Name)		Capacity known or Relationship		(Phone)
(Address)		(City)	(State)	(Zip)
(Name)		Capacity known or Relationship		(Phone)
(Address)		(City)	(State)	(Zip)

3(Name)	Capacity known or Relationship		(Phone)
(Address)	(City)	(State)	(Zip)
APPLICANT'S STATEM	ENT		
I certify that answers given he	rein are true and complete.		
I authorize investigation of all	statements contained in this application	cation for employme	ent as may be
necessary in arriving at an emp	ployment decision.		
relationship with this organiza any time and the Employer ma that this "at will" employment unless an authorized executive In the event of employment, I	owledge that, unless otherwise defi- tion is of an "at will" nature, which my discharge Employee at any time relationship may not be changed be of this organization specifically a understand that false or misleading tharge. I understand, also, that I am	h means that the Eme without cause. It is by any written docur cknowledges such a g information given	aployee may resign at further understood ment or by conduct change in writing.
Signature of Applicant	Da	ate	
Notices:			
_	on with CHD, you will be required be employed in the United Sta	_	

- 2. Various positions with the corporation (in some programs) require a current physical exam, tuberculosis testing, fingerprint and child abuse clearance, and random drug testing, and/or background checks.
- 3. California Human Development is an "at will" employer.

CHD is an

Equal Opportunity Employer

California Human Development

AFFIRMATIVE ACTION FORM

(Confidential for statistical use only)

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state, or local law. Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Position appli	ied for:			_
Date				
Sex:	Female	Male		
Race/ Ethnici	ty:			
	nic or Latino – A perso re or origin regardless		rto Rican, South or Central A	merican, or other
White East, or North		no) – A person having origin	ns in any of the original peop	les of Europe, the Middle
Black groups of Afr		(not Hispanic or Latino) – A	A person having origins in any	y of the black racial
		acific Islander (not Hispanic or other Pacific Islands.	e or Latino) – A person havin	g origins in any of the
Southeast Asi		ontinent, including, for exam	ns in any of the original people, Cambodia, china, India,	
			tino) – A person having origica), and who maintain tribal	
Two or	r More Races (not His	epanic or Latino) – All perso	ons who identify with more th	han one of the above five
I do no	ot wish to self identify			
Please identif	y where you learned a	bout an employment oppor	tunity with this organization.	
Newspape	er ad	Employee Referral		

Recruiter	Craigslist	
CalJobs	Other	