

Southside Art Center

8583 ELDER CREEK ROAD, SUITE 200 • SACRAMENTO, CA 95828
(916) 387-8080 • FAX: (916) 387-2379

Employment Application

Date: _____

EMAIL: info@southsideartcenter.com
www.southsideartcenter.com

Please Print

Name: _____ Social Security #: _____ / _____ / _____
Last First MI

Business Telephone: (____) _____ Home Telephone: (____) _____

Present Address: _____
No. Street City State Zip Code

Employment Desired

Circle

Position applying for: _____ Department: Art / Recycling / Community Volunteerism / Passage

Days available: Mo Tu We Th Fr Site Preferred: Sacramento / Roseville / Auburn

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

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

Personal Information

Have you ever applied to or worked for Southside Art Center before?..... Yes ___ No ___

Do you have any friends or relatives working for Southside Art Center?..... Yes ___ No ___

If yes, state name(s) and relationship: _____

Why are you applying for work at Southside Art Center? _____

Are you currently employed?. Yes ___ No ___ If so, may we contact your current employer?..... Yes ___ No ___

Are you at least 18 years old?..... Yes ___ No ___

If no, please state your age: _____ (If under 18, hire is subject to verification that you are of minimum legal age.)

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

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 & FHEA 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, and to skill and agility tests.)

Driving Requirement

Do you have a good driving record? Yes ___ No ___

If hired, would you have a reliable means of transportation?..... Yes ___ No ___

Do you have a valid California (or other US State) Driver's License? Yes ___ No ___

Your Driver's License number is: _____ Expires: _____

Do you have current personal vehicle insurance? Yes ___ No ___ Is your vehicle registration current?..... Yes ___ No ___

Are you at least 21 years old and have you been driving for at least five years? Yes ___ No ___

(Some positions require driving as an essential function of the job. These are the requirements to obtain driving privileges.)

Driving Requirement (continued)

Has your driver's license ever been suspended or revoked? Yes ___ No ___

If yes, please explain: _____

(Some positions require driving as an essential function of the job. These are the requirements to obtain driving privileges.)

Criminal Record Statement

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes ___ No ___

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

(Note: As a condition for employment, documents need to be submitted prior to employment to comply with Community Care Licensing Laws)

Education, Training and Experience

School	Name and Address	# of Years Completed	Did you Graduate?	Degree or Diploma
High School			Yes ___ No ___	
College/ University			Yes ___ No ___	
Vocational/ Business			Yes ___ No ___	
Others/			Yes ___ No ___	
Health Care			Yes ___ No ___	

Note: Attach additional page(s) if necessary.

Some of our clients may not speak English. Do you speak, write or understand any foreign languages? Yes ___ No ___

Which language(s)? _____

Do you have any other experiences, training, qualifications or skills which you feel make you especially suited for work at Southside Art Center? If so, please explain:

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: _____ Type of Business: _____

Address: _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No.: _____

Your Position and Duties: _____ Salary _____

Reason for Leaving: _____ Employment Dates: _____

Name of Employer: _____ Type of Business: _____

Address: _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No.: _____

Your Position and Duties: _____ Salary _____

Reason for Leaving: _____ Employment Dates: _____

Name of Employer: _____ Type of Business: _____

Address: _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No.: _____

Your Position and Duties: _____ Salary _____

Reason for Leaving: _____ Employment Dates: _____

Name of Employer: _____ Type of Business: _____

Address: _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No.: _____

Your Position and Duties: _____ Salary _____

Reason for Leaving: _____ Employment Dates: _____

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last 3 years who we may contact.

Name: _____ Occupation: _____

Address: _____
No. Street City State Zip

Telephone Number: (____) _____ Number of Years Acquainted: _____

Name: _____ Occupation: _____

Address: _____
No. Street City State Zip

Telephone Number: (____) _____ Number of Years Acquainted: _____

Name: _____ Occupation: _____

Address: _____
No. Street City State Zip

Telephone Number: (____) _____ Number of Years Acquainted: _____

Applicant Statements and Authorization

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ Employment is contingent upon eligibility to work, verification of degree/credentials, finger print clearance, if job requires driving; submission of proof of valid California (or other US State) Driver's License, good driving record, DMV printout, proof of valid auto registration and proof of current auto insurance.

_____ 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 shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company 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 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, 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.

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

Date: _____ Applicant's Signature: _____

Note: This form has all the information contained in LIC 501 Personnel Record Information and will serve as such for Community Care Licensing.