



EMPLOYMENT APPLICATION COVER SHEET: INSTRUCTIONS

Equal Employment Opportunity Statement

We are an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age, or any other status protected by law. Our objective is to select the most qualified individual for the job. We encourage you to provide us with complete and accurate information that demonstrates your qualifications to perform the duties of the job you are applying for.

Invitation to Applicants with Disability to Request Reasonable Accommodation in the Hiring Process

If you have a disability that prevents you from successfully demonstrating your qualifications in any step of the hiring process, you may request a reasonable accommodation. If you need an accommodation, please inform the Human Resources Director, Debby Bender, at RCAA 904 G Street, Eureka, (707) 269-2001 or rcaa@rcaa.org as soon as possible so that we have enough time to make the necessary arrangements.

Job Availability

Please look at the job opening announcement and job qualification requirements. You must specify the job title for which you are applying or we will not consider your application. If you want to apply for other jobs, then you must submit a copy of the application for each job. Be sure to list the job title on each application that you are applying for. You may only apply for a job position that is posted. If you apply for a job position that is not posted, we will not consider or retain your application.

Your submitted application will be active until that job has been filled and the position is closed. If you want to be considered for openings that occur after the job closes, then contact us at (707) 269-2001 or rcaa@rcaa.org to renew your most recent application.

Responding to Inquiries on the Application Form

You must complete all of the inquiries on the application accurately and truthfully. If you leave an inquiry blank, we will not consider your application. If you believe a question does not apply, put "N/A" for a response in the space provided. As part of the application process, we will verify information on your application form. If you report false, inaccurate, misleading, or incomplete information, we will reject your application or will terminate your employment if we discover such information after the date of hire.

Criminal Background Check

We use a criminal background check as part of our hiring process for all of our positions. Any offer of employment is conditioned upon you having a satisfactory criminal background check. You will be asked to sign a separate authorization to verify criminal history. Before obtaining the report we will ask if you have been convicted of a crime and ask you to list all convictions, including those for which a final resolution is pending, and attach an explanation. A criminal history will not necessarily bar you from employment. We will consider the nature of the crime, nature of the job, length of time since the crime and completion of any sentencing requirements, and evidence of good conduct or rehabilitation.

Post-Offer Medical Exam

We use a post-offer medical exam as part of our hiring process. Any offer of employment is conditioned upon you passing the post-offer medical exam. The exam occurs after the offer of employment but before the performance of any job duties. You will be asked to sign a separate authorization to release the results of the exam from the health care provider. If you do not pass the post-offer medical exam due to a disability, we will work with you to determine if a reasonable accommodation would permit you to perform the job duties. If we cannot find a reasonable accommodation that would be effective, we will withdraw the offer of employment. We treat all medical data and information from the medical examination as a confidential medical record as required by law.

THIS FORM MUST BE COMPLETED AND TURNED IN WITH YOUR APPLICATION

Employment Application Cover Sheet: Applicant Acknowledgments

Purpose of the Application Form

I understand that the purpose of the application form is to give me the opportunity to provide the company with information about my skills, experience, abilities and other personal attributes that meet the qualification requirements for the job position that is available. I understand that it is in my best interest to be thorough, accurate and descriptive in providing this information. I also understand that a number of people will apply for the job opening and that Redwood Community Action Agency does not guarantee anyone an interview or consideration beyond completing the application form.

Consideration of the Application Form

I understand that I must specify the position I wish to apply for, and that Redwood Community Action Agency will consider my application for that position only. I understand if I wish to apply for additional positions, then I must file a separate application (copies are acceptable).

I also understand that RCAA only considers applications that are in response to a posted job opening.

Reference and Information Background Check

In submitting this application for employment, I understand that RCAA will investigate the information that I provide. If I am selected for an interview, I agree to complete a release and waiver form so that RCAA may verify my employment history, education, and background as they relate to the job opening.

I understand that the company also does a post-offer background check on criminal history and driving records. I understand that the company will provide me with the required notice, disclosures, and request for authorization whenever the information sought falls under the applicable state law.

Medical Exam

I understand that RCAA uses post-offer medical exams as part of the hiring process for some positions. I understand that the company will provide me with the required notice if this applies to me, and that all medical information will be kept confidential as required by state HIPPA laws.

I-9 Form Documentation

I understand I-9 documentation is not part of the application or interview process. I understand, however, that if RCAA offers me a job position, then on the day that I am scheduled to begin work I must complete an I-9 form and provide RCAA with documentation that shows my identity and authorization to work in the United States. I understand that if I do not provide this documentation, I will no longer be qualified for the job position. I understand that federal law imposes imprisonment and/or fines upon any person who makes a false statement, uses a document issued to someone else, or uses a counterfeit, altered, forged or falsely made document to obtain employment.

General Acknowledgment

I have read and understand all of the instructions and acknowledgments set forth above. My signature represents that I will comply and that I understand the consequences if I do not comply.

Applicant Name (print): _____ Date: _____

Applicant Signature: _____



REDWOOD COMMUNITY ACTION AGENCY

EMPLOYMENT APPLICATION

| | | |
|--|----------------------|-----------|
| Accept Appl. | Reject Appl. Reason: | Interview |
| Interview Reject | References Checked | Offer Job |
| For employer use only-do not write in the box. | | |

Date of Application: _____

Position(s) Applied For: _____

RCAA provides equal employment opportunities to all employees & applicants for employment without regard to race, color, religion, sex, sexual orientation/preference, national origin, age, disability or genetics. In addition to federal law requirements, RCAA complies with applicable state & local laws governing nondiscrimination in employment in every location in which the agency has facilities. This policy applies to all terms and conditions of employment, including; recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Instructions: Fill out this application accurately, completely, and in blue or black ink. If your application is made out improperly, it may hinder your chances for employment. All statements are subject to verification.

Print Name: _____

Last
First
Middle

Address: _____

Number
Street
City
State
Zip

Phone: () _____ () _____

Primary
Alternate

Email Address: _____

List any other names under which your work or school records may be filed:

CIRCLE Y (YES) OR N (NO)

Where did you hear about this job or RCAA? _____

Have you been employed with us before? Y N Date(s): _____

Are you available for full time work? Y N

Are you available for part time work? Y N

Are you available for temporary work? Y N

Are you currently employed? Y N Hours/Days: _____

May we contact your present employer? Y N

Date you're available for work? _____

Are you currently attending school? Y N Hours/Days: _____

Can you travel if the job requires it? Y N

If hired, can you furnish proof of identity and employment eligibility in accordance with federal law and regulations of Immigration Services? Y N

EMPLOYMENT HISTORY

Please give an accurate, complete employment history starting with your most recent employer. You may include volunteer work and/or internships if relevant to the position. Please account for all periods of unemployment. If more space is needed, a separate sheet may be attached or you may make copies of this page and insert it.

You must complete this section even if you are attaching a résumé.

| | |
|--|--|
| Company Name: | Telephone: |
| Address: | Employed (month and year) |
| Name of Supervisor: | From: _____ To: _____ Hours per Week: |
| State Job Title and Describe Job Duties: | Reason for Leaving: |

| | |
|--|--|
| Company Name: | Telephone: |
| Address: | Employed (month and year) |
| Name of Supervisor: | From: _____ To: _____ Hours per Week: |
| State Job Title and Describe Job Duties: | Reason for Leaving: |

| | |
|--|--|
| Company Name: | Telephone: |
| Address: | Employed (month and year) |
| Name of Supervisor: | From: _____ To: _____ Hours per Week: |
| State Job Title and Describe Job Duties: | Reason for Leaving: |

| | |
|--|--|
| Company Name: | Telephone: |
| Address: | Employed (month and year) |
| Name of Supervisor: | From: _____ To: _____ Hours per Week: |
| State Job Title and Describe Job Duties: | Reason for Leaving: |

APPLICANT'S STATEMENT

Important – Please Read, Initial, Sign & Date

This application for employment will only be considered for the position(s) listed on the front of the application; copies of this application will be accepted for multiple positions. Any applicant wishing to be considered for further employment must submit a new application for the position desired. As part of the application process, we will verify information on your application form. If you report false, inaccurate or misleading information, we will reject your application or will terminate your employment if we discover such information after the date of hire.

Post-Offer Criminal Background Check: Should a search of public records be conducted by internal personnel employed by the Agency or by a contracted third party, I am entitled to copies of any such public records obtained by the Agency unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even if I have checked the box below. "Public records" are defined by California state law as records documenting an "arrest" indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the Agency will only be used to the extent allowed by federal, state, or local law.

I waive receipt of a copy of any public record described in the paragraph above.

Post-Offer Medical Exam: For certain positions (*e.g.* Laborer, Field Worker, Maintenance), we use a medical exam as part of our hiring process. Any offer of employment is conditional upon you passing the post-offer medical exam. The exam occurs after the job offer but before the performance of any job duties. You will be asked to sign a separate authorization to release the results of the exam from our chosen health care provider. If you do not pass the post-offer medical exam due to a disability, we will work with you to determine if a reasonable accommodation would permit you to perform the required job duties. If we cannot find a reasonable accommodation that would be effective, we will withdraw the offer of employment. We treat all medical data and information from the exam as a confidential medical record as required by law.

Initials

I understand that neither this document, nor any offer of employment from the employer, constitutes an employment contract unless the employer and employee in writing execute a specific document to that effect.

Initials

At-Will Employment – I acknowledge that if hired, I will be an **at-will employee**. This means that RCAA or I may end my employment at any time and for any reason. I understand that no representative of the company, other than the Executive Director independently (or their designee), and/or the Board of Directors has the authority to change the terms of an at-will employment and that any such change can occur only in a written employment contract.

Initials

I am able to perform the essential functions of the job for which I am applying, either with or without reasonable accommodation.

I authorize any representative of RCAA to thoroughly investigate my background, including, but not limited to, my references, educational record and work history. This information includes, but is not limited to, my work achievements, performance, attendance and disciplinary history. **I authorize** and direct all of my former schools, employers, and any other individuals that possess information about my background, **to release** such information about me upon request by a representative of RCAA, regardless of any prior direction to the contrary that I may have given. I also authorize disclosure to RCAA of all transcripts, reports, letters and other education or work records, without prior notice to me. I release all schools, past and present employers, and all other individuals and entities from any and all liability for damage of whatever kind which may at any time result to me because of compliance with this authorization and request to release information.

I declare that all statements and answers in this application are true and complete and agree that any untruth, misleading answer, omission, concealment or failure to answer any question fully, completely and accurately will be grounds for terminating my employment. I agree that if employment is offered to and accepted by me, it is mutually understood and agreed that any employment is not confined to a fixed term and may be ended by either party without prior notice, unless otherwise affected by written company policies.

Printed Name: _____

Date: _____

Signature of Applicant: _____

Pre-Offer Form—Invitation to Self-Identify (For Federal Contractors)

We ask all applicants to provide the information requested below. It is confidential and kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment. We are a federal contractor subject to Executive Order 11246 (which requires us to track applicants' and employees' ethnicity/race and gender for statistical purposes) and the Vietnam Era Veterans' Readjustment Assistance Act (which requires us to employ and promote protected veterans). In compliance with these laws, our Affirmative Action Program requires us to engage in outreach, monitor our employment decisions to ensure they are nondiscriminatory, report certain data, and track our progress. The information you provide will be used only in ways that are consistent with these laws. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age, or any other status protected by law. Please check the appropriate boxes below and return to [job title and address of company representative] as soon as possible. Thank you!

Print name: _____ Job applied for: _____

| | |
|-------------------------------------|---|
| What is your gender? | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Are you Hispanic? | <input type="checkbox"/> Yes. Hispanic means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, you may skip the next question. <input type="checkbox"/> No. Continue to the next question. |
| What is your race? | <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. <input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition. <input type="checkbox"/> Two or More Races: All persons who identify with more than one of the above five races. |
| Are you a protected veteran? | <input type="checkbox"/> Yes. Includes: Disabled veteran (veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or would be if not receiving military retired pay) under laws administered by the Secretary of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability), Active duty wartime or campaign badge veteran (veteran who served on active duty in the U.S. military, ground, naval or air service during a <i>period of war</i> [Korean Conflict: June 27, 1950 – January 31, 1955; Vietnam Era: February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War: August 2, 1990 – current] or <i>in a campaign or expedition</i> for which a campaign badge has been authorized under the laws administered by the Department of Defense), Armed Forces Service Medal veteran (veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985), or Recently separated veteran (any veteran during the 3-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service). <input type="checkbox"/> No. |
| Sign here | Signature: _____ Date: _____ |

E.E.O. EQUAL EMPLOYMENT OPPORTUNITY DATA

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Job Title: _____

| | | | |
|--------------------------|---|--------------------------|------------------------------|
| <input type="checkbox"/> | Executive / Senior Level Officials & Managers | <input type="checkbox"/> | Administrative Support Staff |
| <input type="checkbox"/> | Mid-Level Officials & Managers | <input type="checkbox"/> | Craft Workers |
| <input type="checkbox"/> | Professionals | <input type="checkbox"/> | Operatives |
| <input type="checkbox"/> | Technicians | <input type="checkbox"/> | Laborers and Helpers |
| <input type="checkbox"/> | Sales Workers | <input type="checkbox"/> | Service Workers |

Employer information completed by:

Name: _____

Date: _____