



295 Main Street, Suite 100
 Salinas, CA 93901
 (831) 757-6251
 (831) 757-0242 Fax
 employment@chispahousing.org
 www.chispahousing.org

CHISPA IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. **Name:** _____
 Last First Middle

2. **Address:** _____
 Street City State Zip

3. **Telephone Number:** () - _____ 4. **Email Address** _____

5. **Are you at least 18 years old?** Yes No *If employed & under the age of 18, can you furnish a work permit?* Yes No

6. **Do you have a legal right to work in the United States?** Yes No
 If employed, you will be required to provide proof.

7. **Have you applied to CHISPA, CHMI or CCRB for employment in the past?** Yes No
 If yes, when? _____ Position applied for: _____

8. **Do you have any relatives currently employed by CHISPA, CHMI or CCRB?** Yes No
 If yes, who? _____ What relation to you? _____

9. **Have you ever used another name that we would need to verify your employment experience and education?**
 Yes No If yes, indicate such name and the date the name changed:

10. **Are you currently employed?** Yes No *If yes, may we contact your current employer at anytime?* Yes No
 You may contact my current employer, but only when: _____

POSITION

1. **Position for which you are applying:** _____

First Choice
Second Choice
2. **Salary/wage desired:** _____ per _____
3. **Are you available to work:**

Full-Time
 Evenings
 Other: _____

Part-Time
 Weekends

Temporary
 Overtime

On-Call
 Split Shift
4. **When would you be available to start working?** _____
5. **How did you hear about the availability of the position for which you are applying?**

Advertisement
 Friend

Employment Agency
 Relative

Current Employee
 Walk-In

Other: _____
6. **If the position you are applying for requires the use of a vehicle, do you have a valid driver's license?** Yes No
 License #: _____ Class: _____ State: _____ Expiration Date: _____
7. **Have you been given a Job Description, or have the requirements of the job been explained to you?** Yes No
 Do you understand these requirements? Yes No
8. **Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?** Yes No
9. **Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts?** Yes No

SPECIAL SKILLS AND TRAINING

1. **Describe specialized training, apprenticeships, skills or research:**

2. **List current certifications and/or professional licenses, if any, and where registered:**

3. **Office/business equipment and software qualified or trained to use:**

4. **Check special skills or training:**

| | | |
|--|--|--|
| <input type="checkbox"/> Phone Systems 10-Key Administrative Customer Service <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Public/Customer Relations <input type="checkbox"/> Custodial <input type="checkbox"/> Landscaping <input type="checkbox"/> Plumbing <input type="checkbox"/> Repair | <div style="text-align: center;">Please Check Software and List Programs (i.e., Word, Excel, etc.):</div> <input type="checkbox"/> Word Processing _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Spreadsheet _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Database _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Accounting _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Other _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. |
|--|--|--|
5. **Please indicate any language skills, other than English, below:**

| LANGUAGE | READING | | | SPEAKING | | | UNDERSTANDING | | | WRITING | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | FLUENT | GOOD | FAIR | FLUENT | GOOD | FAIR | FLUENT | GOOD | FAIR | FLUENT | GOOD | FAIR |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

| | | | | |
|----|--|---|------------------------------------|-----------------------------|
| 1. | Employer | Dates Employed | | Key Responsibilities |
| | | From | To | |
| | Address | | | |
| | | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | |
| | Telephone Number | Supervisor's Name, Title and Telephone Number | | |
| | Job Title | | | |
| | Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why? | | | |

| | | | | |
|----|--|---|------------------------------------|-----------------------------|
| 2. | Employer | Dates Employed | | Key Responsibilities |
| | | From | To | |
| | Address | | | |
| | | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | |
| | Telephone Number | Supervisor's Name, Title and Telephone Number | | |
| | Job Title | | | |
| | Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why? | | | |

| | | | | |
|----|--|---|------------------------------------|-----------------------------|
| 3. | Employer | Dates Employed | | Key Responsibilities |
| | | From | To | |
| | Address | | | |
| | | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | |
| | Telephone Number | Supervisor's Name, Title and Telephone Number | | |
| | Job Title | | | |
| | Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why? | | | |

| | | | | |
|----|----------|---------------------------------------|---------|-----------|
| 4. | Employer | Dates Employed from _____ to _____ | Address | Job Title |
| 5. | Employer | Dates Employed from _____ to _____ | Address | Job Title |
| 6. | Employer | Dates Employed from _____ to _____ | Address | Job Title |
| 7. | Employer | Dates Employed from _____ to _____ | Address | Job Title |

EDUCATION AND TRAINING

| TYPE of SCHOOL | SCHOOL NAME, CITY and STATE | MAJOR | Choose Last Year |
|-----------------------------|-----------------------------|--|---|
| High School | | | 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |
| Community College | From: _____ To: _____ | Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| College/University | From: _____ To: _____ | Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Graduate School | From: _____ To: _____ | Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Business/Trade/Other School | From: _____ To: _____ | Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |

EMPLOYMENT REFERENCES

| Name | Business Relationship | Organization/Address | Telephone |
|------|-----------------------|----------------------|-----------|
| | | | |
| | | | |
| | | | |

CERTIFICATION

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

Accuracy: I hereby certify that I have personally completed this application, that the answers given by me are true and complete, and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of CHISPA regardless of the time that has elapsed before discovery.

Initial

Reference Checks: I authorize CHISPA or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to CHISPA from all liability or responsibility with respect to information supplied to CHISPA.

- Where an outside company conducts such an investigation, I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation; where the job requires a credit check, a separate authorization will be provided. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the Fair Credit Reporting Act, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

Initial

Contingencies: Where a conditional offer of employment is made, I acknowledge it is contingent upon CHISPA performing any of the following: drug and alcohol screening, medical fitness for duty examination, criminal convictions*, and when applicable to the job a credit check. Should a conditional offer of employment be made, a separate authorization and disclosures will be provided. (*) In accordance with company policy, an individual assessment will be made, including the information reviewed for job-relatedness and time since last conviction.

Initial

At-Will Employment: I understand that filing this application in no way assures me a position with CHISPA, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, and at the option of either CHISPA or myself. I further understand that no one other than the CEO and Board of Directors of CHISPA has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Initial

Name of Applicant

Signature of Applicant

Date