



Pacific Coast Community Services, Inc.

**5501 Sacramento Avenue
Richmond CA 94804-5603**

TEL: 510.390.7001
FAX: 510.390.7001
info@pccsonline.org

EMPLOYMENT APPLICATION

Please complete the entire application. Additionally, attach a resume to this application.

1. Employer Information

Employer: Pacific Coast Community Services
Address: 5501 Sacramento Avenue
City/State/ZIP: Richmond, California 94804
Telephone: 510-390-7001

It is the policy of Pacific Coast Community Services to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____
Email Address: _____
Home Address/City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____
Last 4 of Social Security Number (xxx-xx-____)
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied for: _____
Full or Part Time? _____

5. Salary Desired: \$ _____ per _____

6. Who referred you to our company? _____
 Do you have any friends or relatives who work here? If yes, please list here:

7. Have you applied to our company previously? _____ Yes _____ No
 If yes, when? _____
8. How will you get to work? _____
9. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
 If no, please state any limitations:

10. If applicable, are you available to work overtime? _____ Yes _____ No
11. If you are offered employment, when would you be available to begin work?

12. If hired, are you able to submit proof that you are legally eligible for
 employment in the United States? _____ Yes _____ No
13. Are you able to perform the essential functions of the job position you seek with
 or without reasonable accommodation? _____ Yes _____ No
- What reasonable accommodation, if any, would you request?

14. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each skill. (One represents poor ability, while five represents exceptional ability.)

Ability

Skill	Years of Experience	Rating (1-5)
Typing	_____	_____
Microsoft Office	_____	_____
Filing	_____	_____
Report Writing	_____	_____
Social Services	_____	_____
Vocational Training	_____	_____
Career Assessment	_____	_____
Career Coaching	_____	_____
Other: _____	_____	_____

15. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue the back page of this application.

Employer Name: _____
 Supervisor Name: _____
 Address: _____
 City/State/ZIP: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year): _____

Employer Name: _____
 Supervisor Name: _____
 Address: _____
 City/State/ZIP: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year): _____

Employer Name: _____
 Supervisor Name: _____
 Address: _____
 City/State/ZIP: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year): _____

16. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:

_____ Yes _____ No

Branch: _____

Specialized Training: _____

17. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

18. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Pacific Coast Community Services to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

The above items may be included in the preemployment background investigation in conjunction with your application for employment with our company. This background investigation may involve verifying or reviewing any of the following relevant information: Social Security Number; DMV Record; Criminal Convictions; Prior Employment History; Educational History. The background check will be conducted by a third party on behalf of Pacific Coast Community Services.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President/CEO or Employment and Training Services Coordinator, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Pacific Coast Community Services, except in a specific written contract of employment signed on behalf of the organization by its President/CEO or Employment and Training Services Coordinator, has the power to alter or vary the voluntary nature of the employment relationship.

 SIGN HERE

APPLICANT ELECTRONIC
SIGNATURE

DATE

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.