



# Pacific Coast Community Services, Inc.

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

TEL: 510.390.7001  
FAX: 510.920.0160  
[info@pccsonline.org](mailto: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.