



Application for Employment

Orange County Child Abuse Protection Center (“OCCAPC”) is an equal employment opportunity employer, and does not discriminate against applicants or employees based on race, color, religion, religious creed (including religious dress and grooming practices), sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin (including language use restrictions), ancestry, mental and physical disability (including HIV and AIDS), medical condition (including cancer, genetic characteristics, and genetic information), age (40 and over), pregnancy (including childbirth, breastfeeding, and medical conditions related to pregnancy, childbirth, or breastfeeding), military and veteran status, or any other characteristic protected by federal, state, or local laws. OCCAPC also prohibits harassment of applicants or employees based on any of these protected categories.

Position Sought		Date	
Last Name		First Name	M.I.
Home Phone #		Cell Phone #	
Email Address			
Street Address		City	State
		Zip Code	
Are you at least age 18?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked for OCCAPC before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full-Time or Part-Time:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
What days and hours are you available for work?			
Available for work on weekends?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Available to work overtime, if necessary?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Desired annual salary?		\$ _____ annually	
If hired, what date can you start work?		Date: _____	
Do you have a reliable means of transportation to and from work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodation? (Note: OCCAPC complies with the ADA and FEHA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions. Hire may be subject to passing a medical examination, and to passing skill and agility tests).		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION				
School	Name and Address of School	Course of Study	Did you graduate?	Diploma/Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate/ College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/ Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Answer the following questions if you are applying for a licensed position:

Are you licensed/certified for the job applied for? Yes No

Name of License/certification: _____ Issuing State: _____

License Certification number: _____

Has your license/certification even been revoked or suspended? Yes No

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement.

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment, job-related military service assignments, and volunteer activities. Start with your present or most recent employer. You must complete this section, even if attaching a resume. If you require additional space, please use the reverse side of this page. Please account for all periods of unemployment.

Employer:		Dates Employed	
Address:	From	To	
	Duties:		
Telephone Number:			
Job Title:			
Supervisor:			
Reason for Leaving:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Dates Employed	
Address:	From	To	
	Duties:		
Telephone Number:			
Job Title:			
Supervisor:			
Reason for Leaving:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Dates Employed	
Address:	From	To	
	Duties:		
Telephone Number:			
Job Title:			
Supervisor:			
Reason for Leaving:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Dates Employed	
Address:	From	To	
	Duties:		
Telephone Number:			
Job Title:			
Supervisor:			
Reason for Leaving:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROFESSIONAL REFERENCES (Please List 3 Business References not related to you who have recent knowledge of your work performance, such as a supervisor)		
Name	Contact Relationship	Contact Phone Number
May We Contact Your References? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Initial _____		

Were you referred to our agency and this position by an employee of OCCAPC? Yes No

If so, the person that referred me was _____

_____ Please Initial	I hereby authorize OCCAPC 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. I release and hold harmless OCCAPC and its employees, as well as previous employers, and persons associated with them, from any and all claims relating to such investigation.
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APPLICANT STATEMENT	
_____ Initials	I certify that all of the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of fact may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered. I understand that I am required to abide by all rules and regulations of the employer.
_____ Initials	I hereby authorize OCCAPC to conduct any necessary investigation regarding my background as it related to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
_____ Initials	This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire whether applications are being accepted at that time and must submit a new application.
_____ Initials	I understand that OCCAPC may share the information contained in this application with other OCCAPC employees for employment and administrative purposes and hereby consent to such transfer.
_____ Initials	I hereby understand and acknowledge that, nothing contained in this application, or conveyed, whether written or oral, during any interview which may be granted me, or during my employment if hired, is intended to create an employment contract between me and OCCAPC. I further understand that if I am employed, my employment with OCCAPC can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or the option of OCCAPC. I understand that only the Executive Director of OCCAPC, and no manager, supervisor, or representative of OCCAPC, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship described herein, and with respect to the Executive Director, any such agreement must be in writing.
_____ Initials	I understand that, in the event that I am offered employment, such an offer would be conditioned on the provision of satisfactory proof of identity and authorization to work in the United States under federal law.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between OCCAPC and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between OCCAPC and me on such issues.

Signature of Applicant

Date