

Employment Application Guidelines

An Equal Opportunity Employer

- There are four pages to the Employment Application, please fully complete each page.
- If you are interested in applying for multiple positions, please list each position under "Position(s) Desired" on page 1 of the application.
- Please refer to the "Job Opportunities" page of our website <u>www.humsenior.org</u> and note the following requirements to be considered as a candidate:
 - o See the Job Descriptions for each job opportunity to determine whether or not you meet the qualifications of the position(s) for which you are applying.
 - o In addition to the Employment Application, each position has unique application packet requirements (e.g. resume, letter of interest, etc.). Please be sure to include any additional documents as requested.
 - o Please also note any applicable deadlines for submitting an application packet.
- If you have had more than 4 employers in the last 10 years, you can either duplicate page 2 of the application or use a blank page to provide the information requested for each employer.
- To email your completed application, click on Print and select Adobe PDF as the destination instead of a printer and save the file to your desktop. Detailed instructions for:

<u>Chrome</u>

Internet Explorer

- Your completed application packet may be submitted to our Human Resources department by:
 - o Email hr@humsenior.org
 - o In-person or Mail 1910 California Street, Eureka, CA 95501



Humboldt Senior Resource Center

Employment Application

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Position(s) Desired	Part-time Full-time	Date		
Name				
Mailing Address				
Cell email				
Have you ever applied to or worked for HSRC before? Yes No				
If yes, please give dates and position(s).				
If hired, do you have reliable transportation to and from work? Yes N (You may be required to provide a DMV printout of your driving record for certain position	lo ons.)			
Do you have at least one year of experience working with elderly or frail individu If yes, please explain.	uals? Yes	No		
Do you know anyone currently working at HSRC? Yes No				
Name(s) / Relationship(s)				
(We may refuse to hire friends or relatives of present employees if doing so could resul security, safety or morale, or if doing so could create conflicts of interest.)	t in actual or potential pr	oblems in supervision,		
Are you at least 18 years old? Yes No				
If hired, can you present verification of your identity & eligibility to work in the Ur	nited States? Yes	No		
Are you able to perform the essential functions of the job for which you are apply accommodation? Yes No	ving, either with or with	nout reasonable		
If no, please describe the functions that cannot be performed below. (Please see applicable job description(s) listed on the "Job Opportunities" page of our website.)				
(We comply with the American Disabilities Act and consider reasonable accommodation applicants/employees to perform essential functions. Certain positions require a pre-er				
Are you applying for a position that requires driving? Yes No				
If yes, do you have a valid driver's license? Yes No State	License #	Class		
Do you possess any relevant licenses/certification for the position(s) for which y	ou are applying	Yes No		
Name of license/certification				
Issuing State License/Certification number				
Has your license/certification ever been revoked or suspended? Yes	No			
If yes, state reason(s), date of revocation or suspension, and date of reinstatement below. (Maximum length is 212 characters)				

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Employment History

Completion of this section is required. Please include the last 10 years of your employment history. Include volunteer experience and periods of unemployment.

Current				
Employer		JobTitle		Hours per Week
Address			Start Date	End Date
Major Duties (Maximum	length is 530 characters)			
Reason for Leaving			May we contact	this employer? Yes No
Supervisor's Name/Title			Supervisor's Phone Nur	nber
Previous Employer		JobTitle		Hours per Week
Address			Start Date	End Date
Major Duties (Maximum	length is 530 characters)			
Reason for Leaving			May we contact	this employer? Yes No
Supervisor's Name/Title			Supervisor's Phone Nur	nber
Previous Employer		JobTitle		Hours per Week
Address			Start Date	End Date
Major Duties (Maximum	length is 530 characters)			
Reason for Leaving			May we contact	this employer? Yes No
Reason for Leaving			May we contact Supervisor's Phone Nur	
Supervisor's Name/Title		JobTitle	· ·	nber
Supervisor's Name/Title Previous Employer		JobTitle	Supervisor's Phone Nur	nber Hours per Week
Supervisor's Name/Title Previous Employer Address	length is 530 characters)	JobTitle	· ·	nber
Supervisor's Name/Title Previous Employer Address	length is 530 characters)	JobTitle	Supervisor's Phone Nur	nber Hours per Week
Supervisor's Name/Title Previous Employer Address	length is 530 characters)	JobTitle	Supervisor's Phone Nur	nber Hours per Week
Supervisor's Name/Title Previous Employer Address	length is 530 characters)	JobTitle	Supervisor's Phone Nur	nber Hours per Week
Supervisor's Name/Title Previous Employer Address	length is 530 characters)	JobTitle	Supervisor's Phone Nur	nber Hours per Week
Supervisor's Name/Title Previous Employer Address Major Duties (Maximum	length is 530 characters)	JobTitle	Supervisor's Phone Nur	nber Hours per Week End Date this employer? Yes No

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Education and Formal Training	
Are you a high school graduate? Yes No GED Equivalent	
High School Attended	
Have you attended college? Yes No Degree(s) Earned	
College(s) Attended	
Field(s) of Study	
Do you have a graduate/professional degree? Yes No Degree(s) Earned	
College(s) Attended	
Field(s) of Study	
Do you have any experience and/or training unique to working with elderly or frail indvidua If yes, please describe below. (Maximum length is 530 characters)	ls? Yes No
References Please list 3 references (unrelated to you) work performance within the last 5 years.	who have knowledge of your
Name	Years Acquainted
Email	
Occupation/	Phone
Title	Cell
Name	Years Acquainted
Email	Work Phone
Occupation/	Cell
	Years Acquainted
Name	Work
Email	Phone
Title	Cell
Other Information Please list any relevant experience, training, qua make you especially suited for work at HSRC. (N	

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Initial next to each paragraph and type or sign your full name below.

I have personally completed this application. I have read the job description(s) for the position(s) for which I have applied, and feel that I meet Humboldt Senior Resource Center's (HSRC) qualifications for employment.

The answers given by me in this application are true and correct to the best of my knowledge. I have not knowingly withheld any information that might adversely affect my chance for employment. I understand that any omission or misstatement on any document used to secure employment shall be grounds for rejection of this application or dismissal from employment, if hired.

I authorize HSRC to thoroughly investigate any information provided within this application, or other matters related to my suitability for employment. I authorize the references I have listed to disclose any and all information related to my work records, without giving me prior notice of such disclosure. I release HSRC, my former employers, and all other parties from any and all claims, demands, or liabilities arising out of or related to the investigation or disclosure of information pertaining to this application.

I understand that if granted a conditional offer of employment, I may be required to complete a series of pre-employment screening requirements and that any final offer of employment would be contingent upon clearing the expectations of these screenings. Requirements may include fingerprinting for the purpose of a criminal background check (in conjunction with applicable local, state and/or Federal background check process requirements), a physical assessment and/or other job-related pre-screening processes as required by HSRC.

I understand that, if hired, I would be required to verify my identity and eligibility for employment in the United States in compliance with Federal law.

	/	
Applicant Name		Date

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