



- 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 www.humsenior.org 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.
- 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



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 No
 (You may be required to provide a DMV printout of your driving record for certain positions.)

Do you have at least one year of experience working with elderly or frail individuals? Yes No
 If yes, please explain.

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 result in actual or potential problems in supervision, security, safety or morale, or if doing so could create conflicts of interest.)

Are you at least 18 years old? Yes No
 If hired, can you present verification of your identity & eligibility to work in the United States? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 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 measures that may be necessary for eligible applicants/employees to perform essential functions. Certain positions require a pre-employment physical assessment.)

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 you 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)

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 Number

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 Number

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 Number

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 Number

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 individuals? Yes No
If yes, please describe below. (Maximum length is 530 characters)

References

Please list 3 references (unrelated to you) who have knowledge of your work performance within the last 5 years.

Name Years Acquainted

Email Work Phone

Occupation/ Title Cell

Name Years Acquainted

Email Work Phone

Occupation/ Title Cell

Name Years Acquainted

Email Work Phone

Occupation/ Title Cell

Other Information

Please list any relevant experience, training, qualifications, or skills that you feel make you especially suited for work at HSRC. (Maximum length is 630 characters)



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.

I understand all employees at HSRC are considered healthcare workers and are subject to California vaccine mandates.

Applicant Name

/

Date