



**COMMUNITY
HUMAN SERVICES**
Counseling and Recovery

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AN EQUAL EMPLOYMENT OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER

APPLICATION FOR EMPLOYMENT

EXACT TITLE OF POSITION YOU ARE APPLYING FOR: _____

INSTRUCTIONS: Please read the announcement to determine if you possess the qualifications for the job. Print using ink or typewriter. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Read the Certificate of Application in Section 7 carefully before signing. Resumes will not be accepted in place of a completed application. Do not respond to any questions with "see resume."

1. PERSONAL DATA

NAME (Last, First, Middle)	Area Code/Home Telephone
Mailing Address (Number and Street)	Area Code/Work Telephone
(City, State and Zip)	
Do you have a valid CA Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____ Class: _____ Expiration Date: _____	Enter your date of birth if you are less than 21 years of age. _____

2. PHYSICAL OR MENTAL CONDITIONS OR LIMITATIONS

DO YOU HAVE ANY PHYSICAL CONDITION OR LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING ALL THE DUTIES OF THIS POSITION ON A REGULAR AND CONTINUING BASIS? YES NO
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE EXPLAIN IN SECTION 6.

3. PREVIOUS CHS EMPLOYMENT AND CURRENT EMPLOYMENT OF A RELATIVE

A. Have you previously been employed by this agency? YES NO
If you responded "yes", list dates of employment, classification, departments and any former names, if appropriate, in Section 6.
B. List any relatives currently employed by this agency and their relationship to you.

4. EDUCATION AND TRAINING

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 MORE		NAME & LOCATION OF HIGH SCHOOL _____ _____		Are you a high school grad? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Have you passed the GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Schools attended other than high school	Location	Course of Study	Credits Earned Scm/Qtr	Degree/Certificate Rec'd None	Type
Please describe additional course work or training (including military) which would qualify you for this position.					
Please list certificates or licenses of professional or vocational competence you possess which relate to this position.					
Please list languages other than English which you speak fluently: _____					
SPECIAL SKILLS: Typing _____ wpm Shorthand _____ wpm Computer Hardware _____					
What office machines do you operate? _____					

In order for this agency to monitor its progress in Affirmative Action, it is necessary for us to identify each person who applies for a CHS job by the factors shown below. We ask your help in checking the squares which apply to you, and filling in the blanks so that we can keep statistics on each examination. This section will be detached from the application form, and will be used only for statistics. No decisions in the test process will be based on it.

CODE: _____ (for Personnel use only) Male Female

Social Security Number: _____ Title of Position: _____

ETHNIC ORIGIN - please check one of the following:

- 1. Black (not of Hispanic origin)
All persons having origin in any of the Black racial groups.
- 2. White (not of Hispanic origin)
All persons having origin in any of the original peoples of Europe, North Africa, the Middle East, or the Indian sub-continent.
- 3. Asian or Pacific Islanders
All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands (except the Philippine Islands). This area includes, for

- example, China, Japan, Korea, The Hawaiian Islands, etc.
- 4. Hispanic
All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- 5. American Indian or Alaskan Native
All persons having origin in any of the original peoples of North America.
- 6. Filipino
All persons having origin in any of the original peoples of the Philippine Islands.

- H. Handicapped
Are you handicapped, according to the definition below?
Section 503 of the Rehabilitation Act of 1973 defines a handicapped person as anyone who:
 1. has a physical or mental impairment which substantially limits her/his major life activities, or
 2. has a record of such impairment, or
 3. is regarded as having such impairment.

5. WORK EXPERIENCE

You should respond completely to the information requested in this section and attempt to cover all the requirements listed in the job announcement. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates etc. List all experience, paid and voluntary, related to the position for which you are applying. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education. Do not enter "see resume".

FROM (MO & YR)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE PHONE NUMBER
TOTAL TIME YRS. MO. HOURS EACH WEEK		EMPLOYER'S BUSINESS NAME OF SUPERVISOR
SALARY PER		REASON FOR LEAVING
FROM (MO & YR)	TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE	ORGANIZATION NAME
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE PHONE NUMBER
TOTAL TIME YRS. MO. HOURS EACH WEEK		EMPLOYER'S BUSINESS NAME OF SUPERVISOR
SALARY PER		REASON FOR LEAVING
FROM (MO & YR)	TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE	ORGANIZATION NAME
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE PHONE NUMBER
TOTAL TIME YRS. MO. HOURS EACH WEEK		EMPLOYER'S BUSINESS NAME OF SUPERVISOR
SALARY PER		REASON FOR LEAVING
FROM (MO & YR)	TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE	ORGANIZATION NAME
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE PHONE NUMBER
TOTAL TIME YRS. MO. HOURS EACH WEEK		EMPLOYER'S BUSINESS NAME OF SUPERVISOR
SALARY PER		REASON FOR LEAVING

6. EXPLANATION OF PREVIOUS ITEMS:

Use this space to provide additional information as required by this application. Attach additional sheets if necessary.

7. CERTIFICATE OF APPLICANT - PLEASE READ CAREFULLY

I certify that the forgoing information and answers are true, complete and correct. I understand that any misrepresentation or omission of material facts are cause for rejection of application, removal from the eligibility list, suspension or dismissal.
I hereby authorize this agency to investigate all statements contained on this application form.

SIGNATURE	DATE (Month./Day/Year)
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IF APPOINTED TO A CHS JOB, APPLICANTS WILL BE REQUIRED TO SUBMIT PROOF OF IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES. PRIOR TO HIRING, A CANDIDATE WILL BE FINGERPRINTED AND MEDICALLY EXAMINED AT THE EXPENSE OF CHS. CONVICTION RECORDS WILL BE CHECKED. ALL APPOINTMENTS ARE SUBJECT TO THE SUCCESSFUL COMPLETION OF A PROBATIONARY PERIOD OF SERVICE.

CONVICTION RECORD (REQUIRED FROM ALL APPLICANTS)

Answer this section truthfully, including both minor and serious offenses of which you were convicted. ANY OMISSIONS ARE GROUNDS FOR REJECTION OF THE APPLICATION, REMOVAL OF NAME FROM THE ELIGIBLE LIST OR DISMISSAL FROM POSITION. This section will be detached from the application form and will be evaluated only if your name is placed on an eligibility list.

Have you ever been convicted of a breach or violation of any ordinance or law other than a minor traffic violation? Yes No
If yes, provide the information requested below for each conviction. Be specific, give name and code number of offense, not simply misdemeanor or felony. DO NOT LIST ARRESTS - ONLY CONVICTIONS.

OFFENSE	OFFENSE	OFFENSE
DATE	DATE	DATE
PLACE	PLACE	PLACE
SENTENCE/FINE	SENTENCE/FINE	SENTENCE/FINE