



San Gabriel/Pomona Regional Center

761 Corporate Center Drive
Pomona, CA 91768
(909) 868-7719

Employment Application

EQUAL OPPORTUNITY EMPLOYER

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

PRINT Legibly in BLACK INK or Type

All information **must** be answered completely and accurately. Do not refer to resume in lieu of providing a complete response. Do not leave questions blank. If questions are not applicable, enter "NA." The information you furnish will be used to determine your eligibility for the position you are applying for. San Gabriel/Pomona Regional Center will not consider incomplete applications.

San Gabriel/Pomona Regional Center will review and log your application. If there is an opening for which you meet the minimum qualifications, your application may be reviewed by the manager/supervisor. If you are chosen for an interview, you will receive a phone call from the Human Resource Department. If there are no openings, your application will be held for future review.

If you need a reasonable accommodation in order to complete this application form or for the interview process, please notify Human Resources.

APPLICANT INFORMATION

Name: As it appears on your Social Security Card (Last, First, Middle)		Date:
Provide any other name(s) used for employment:		
Present Address: (Number/Street)	Daytime Phone:	
(City, State, Zip)	()	
Email Address:	Cell Phone:	
	()	
	Message Phone:	
	()	

EMPLOYMENT DESIRED

Position(s) Desired:

Applying for: <input type="checkbox"/> Regular full-time <input type="checkbox"/> Regular part-time <input type="checkbox"/> Temporary	If offered a position, how much notice would you need to give your current employer?
Are you available for overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available for weekend work, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL DATA

High School Diploma Yes No

IF NOT: Do you possess a GED or Equivalent? Yes No

Colleges/Universities:	Address, City, State, Zip of Colleges/Universities	Degree Awarded Yes/No	What Degree	Major / Emphasis

**JOB RELATED FOREIGN LANGUAGE QUALIFICATIONS
ONLY COMPLETE THIS SECTION IF YOU WISH TO BE CONSIDERED FOR A
BI-LINGUAL POSITION**

List Foreign Languages:

_____ Speak Read Write

_____ Speak Read Write

**LIST JOB RELATED LICENSES, CERTIFICATES
SEE JOB POSTING FOR REQUIREMENTS**

**JOB RELATED OTHER SKILLS/QUALIFICATIONS
SEE JOB POSTING FOR REQUIREMENTS**
List job related trainings, skills, office equipment, administrative/clerical skills, computer software/hardware, etc

Employment History

Summaries of experience should clearly describe your qualifications. List below all present and past employment, military service or nonpaid job related work experience for the last 10 years, starting with your most recent employer (you may list jobs more than 10 years ago which relate to duties of the job for which you are applying). Account for all periods of unemployment.

You must complete this section even if attaching a resume.
Incomplete application will not be considered.

EMPLOYMENT HISTORY

Position Title:	Employment Started Ended	
Supervisor's Name/Title	Final Salary	Hours weekly
Name of Employer	Telephone Number	
Address & Street	City	State Zip
Exact Reason(s) for Leaving	May we contact this employer for a reference? (circle) Yes No Notify me first.	

Summarize type of work performed, job responsibilities, job related accomplishments:

Position Title:	Employment Started Ended	
Supervisor's Name/Title	Final Salary	Hours weekly
Name of Employer	Telephone Number	
Address & Street	City	State Zip
Exact Reason(s) for Leaving	May we contact this employer for a reference? (circle) Yes No Reason:	

Summarize type of work performed, job responsibilities, job related accomplishments:

Position Title:	Employment Started	Ended
Supervisor's Name/Title	Final Salary	Hours weekly
Name of Employer	Telephone Number	
Address & Street	City	State Zip
Exact Reason(s) for Leaving	May we contact this employer for a reference? (circle) Yes No Reason:	

Summarize type of work performed, job responsibilities, job related accomplishments:

Position Title:	Employment Started	Ended
Supervisor's Name/Title	Final Salary	Hours weekly
Name of Employer	Telephone Number	
Address & Street	City	State Zip
Exact Reason(s) for Leaving	May we contact this employer for a reference? (circle) Yes No Reason:	

Summarize type of work performed, job responsibilities, job related accomplishments:

Position Title:	Employment Started	Ended
Supervisor's Name/Title	Final Salary	Hours weekly
Name of Employer	Telephone Number	
Address & Street	City	State Zip
Exact Reason(s) for Leaving	May we contact this employer for a reference? (circle) Yes No Reason:	

Summarize type of work performed, job responsibilities, job related accomplishments:

Circle YES or NO to the questions below

Yes No

Have you ever applied, interviewed or worked for San Gabriel/Pomona Regional Center?

IF YES:

When?

Yes No

Do you have any relatives working for San Gabriel/Pomona Regional Center? **IF YES:**

Name

Relationship

Name

Relationship

Yes No

Are you capable of performing the essential functions of the job for which you are applying, with or without reasonable accommodation? (Please review the career opportunity posting to ascertain information regarding the requirements for the position for which you are applying.) If no, describe the functions that cannot be performed.

(Note: SGPRC complies with the American with Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants and/or employees to perform essential job functions.)

Yes No

Have you ever been convicted of a felony?
(If yes, please explain on an attached sheet.)

Yes No

Have you ever been convicted of a misdemeanor crime of domestic violence?
(If yes, please explain on an attached sheet.)

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

AUTHORIZATION

Important: Please read carefully and initial each paragraph before signing below

_____ **Agreement to provide information on application and social security number:** Privacy Statement – We need the information requested on this application to evaluate your qualifications. Other laws require us to ask about citizenship, military services, etc. We request your Social Security Number (SSN) under the authority of Social Security regulation for employers wage and tax reporting purposes. Failure to furnish the requested information may delay or prevent action on your application. Your social security number will only be used for seeking information from employers, schools and to request a background check.

PLEASE PROVIDE YOUR SOCIAL SECURITY NUMBER: _____

_____ **Equal Employment Opportunity:** I understand that San Gabriel Pomona Regional Center does not unlawfully discriminate in employment and that San Gabriel/Pomona Regional Center considers all applications for positions without regards to race, color, national origin, sex, religion, age, disability, military/veteran status or any other protected status. I also understand that SGPRC complies with all applicable laws that govern employment practices and do not discriminate on the basis of any unlawful criteria. No question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

_____ **Agreement to application contents:** I hereby certify that I have not knowingly withheld any information that might adversely affect my initial chance for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be sufficient cause for non-consideration of employment and/or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ **Agreement for At-Will Employment:** I understand that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and San Gabriel/Pomona Regional Center. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with San Gabriel/Pomona Regional Center is at-will. I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at either my option or the San Gabriel/Pomona Regional Center, and that no promises or representations contrary to the foregoing are binding on the agency unless made in writing and signed by me and a San Gabriel/Pomona Regional Center's designated representative.

Date

Applicant's Signature

EMPLOYMENT VERIFICATION AUTHORIZATION

I hereby authorize San Gabriel/Pomona Regional Center to investigate my references, work record, education and other matters related to my employment. I further, authorize the references I have listed to disclose to the agency any letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release San Gabriel/Pomona Regional Center, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising from or in any way related to such investigation or disclosure.

Date

Applicant's Signature

SAN GABRIEL/POMONA REGIONAL CENTR EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Name: _____

Application Date: _____

APPLICANT: To assist our agency in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the review process and will not be used in any employment decisions. This information is retained for statistical purposes only.

REFERRAL SOURCES:

- Employee Relative Advertisement School
 Internet Walk/Call –In Other

Please Provide Name of Source (LA Times, Company web site, etc.): _____

GENDER	AGE
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- MALE FEMALE UNDER 18 18 to 39 40 AND OVER

ETHNIC CATEGORIES: The following categories do not denote scientific definitions of anthropological origins. For the purposes of this survey, please check the group with which you most identify or belong.

- | | |
|---|---|
| <input type="checkbox"/> White | Not Hispanic or Latino. Origins in any of the original peoples of Europe, North Africa, or the Middle East |
| <input type="checkbox"/> Black or African American | Not Hispanic or Latino. Origins in any of the black racial groups of Africa |
| <input type="checkbox"/> Hispanic or Latino | All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race |
| <input type="checkbox"/> Asian | Not Hispanic or Latino. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Not Hispanic or Latino. All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> American Indian or Alaska Native | Not Hispanic or Latino. All persons having origins in any of the original peoples of North and South America, including Central America, AND who maintain tribal affiliation or community attachment. |
| <input type="checkbox"/> Two or More Races | Not Hispanic or Latino. All persons who identify with more than one of the above five races. |

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:
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Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Military – A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.
 Disabled – A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that substantially limits one or more of the major life activities; (2) has a record or history of such an impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.