



San Gabriel/Pomona Regional Center

75 Rancho Camino Drive

Pomona, CA 91766

(909) 620-7722

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)	Cell Phone:
Email Address:	Message Phone:

EMPLOYMENT DESIRED

Position(s) Desired:	Desired Hour Salary:
<small>*Negotiable or blank answers will be screened out*</small>	
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		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?	
	Yes No Notify me first	

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

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

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Name of Employer	Telephone Number	
Address & Street	City	State Zip
Exact Reason(s) for Leaving	May we contact this employer for a reference?	
	Yes No Notify me first	

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

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Answer 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

Some positions require an extensive amount of travel.

Are you able to comply with this requirement?

Yes No

A current driver's license and minimum liability auto insurance is required if you drive an automobile to conduct agency business.

Are you be able to provide these?

Yes No

Are you at least 18 years old?

Yes No

If hired, can you present proof of your legal right to work in the United States under the federal immigration law?

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.)

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

☐ 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.

White

Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.

Black Or African American

Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

Hispanic or Latino

Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.

Asian

Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.

Native Hawaiian or Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.

American Indian or Alaska Native

Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.

Middle Eastern or North African

Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.

Multiracial and/or multiethnic

Individuals who identify with more than one of the above races/ethnicities (White, Black or African American, Native Hawaiian or Pacific Islander, Asian, American Indian or Alaska Native, Middle Eastern or North African) and who do not identify as Hispanic or Latino. For the purposes of this group, individuals who identify as Hispanic or Latino and one or more of the above races/ethnicities would not qualify as for the "Multiracial and/or Multiethnic" category.

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

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.

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.

_____ **Employment Verification:** 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