



(TO BE COMPLETED BY INTERVIEWER)

INITIAL INTERVIEW INFORMATION

Date _____ Time _____

Position _____

EMPLOYMENT APPLICATION

Project HIRED (PH) is an Equal Opportunity and Affirmative Action Employer. This Employment Application is intended for use in evaluating your qualifications for employment. Please answer all questions completely and accurately. Statements made on this application will be verified if you are a finalist. Testing of job-related skills may be required prior to employment.

This application is not an employment contract, a promise of employment, or an offer of employment.

Please **PRINT CLEARLY** in ink.
Do not use correction fluid; simply strike through errors and rewrite.

				Date: _____
Last Name		First Name		Middle Name
Other first or last names used at work or school				
Residence Address		City	State	Zip
Mailing or PO Box Address, if different		City	State	Zip
Phone #	Cell #	Msg #	E-Mail	Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>

GENERAL INFORMATION

How did you hear of this opportunity? Project HIRED Web Page Government Agency (VA, EDD, etc.) Walk-In

Referred by (name): _____

Internet Site/Job Board _____ Other _____

Have you been employed by Project HIRED before? Yes No If so, when? _____

Do you have any relatives working at PH? Yes No If so, who? _____

If the position for which you are applying requires driving on behalf of PH, do you have a valid California driver's license? Yes No

Type/Class: _____ Lic.# _____

Upon hire, can you show proof of identity and legal right to work within the USA? Yes No

BACKGROUND

Have you been convicted of a felony or a misdemeanor on or after your 18th birthday for which you were sentenced and/or placed on probation (exclude expunged records, marijuana related offenses more than two years old, and minor traffic violations)? Yes No

Do you have charges against you pending trial or completion of trial? Yes No

If yes to either, please explain:

(Conviction or pending charges will NOT necessarily be a bar to employment. Each instance will be considered in relation to the position for which you are applying.)

LANGUAGE SKILLS – Some assignments require/desire bilingual ability. Please list the languages and dialects, INCLUDING ENGLISH, in which you are able and willing to communicate fluently on the job. Use “X” to indicate if you speak, read, or write that language.

Language				
Speak				
Read				
Write				

COMPUTER & SOFTWARE APPLICATION SKILLS – Please note with an (E) or (T) or both if your skills are from Experience or Training

Software (Provide word processing, spreadsheet email, database, accounting, & graphics/presentation programs by name, e.g., Word, Excel, Outlook, QuickBooks, Yahoo Mail)	
Operating Systems/ Platforms/Tools (Windows NT/XP/Vista, UNIX, LINUX, Mac OS, SQL, etc.)	

EDUCATION

Level	School Name, City, State	# of Years/Semesters Completed	GED / Diploma / Degree
High School/ Equivalent			
College/University			
College/University			
Graduate School			
Trade School			
Other School			

CURRENT PROFESSIONAL CERTIFICATIONS/LICENSES

Issuing Institution/Agency	Type	Number	Date Issued	Date Expires

EMPLOYMENT HISTORY

- List your last 5 employers over the past 7 years (e.g., direct employers, staffing agencies). Start with the most the recent.
- Please fill in all blank areas. A résumé may accompany your application but is not a substitute for it, except "Main Functions/Duties."
- Include Military Service in this section if within the past 5 jobs or 7 years.

Date: mm/yy		Employer	Position	Type of Business
From:	Company Name:		Job Title:	
To:				
Main Phone:	Address /City/ State:		Main Function/Duties:	
Supervisor Name & Title:			Supervisor's Phone:	Reason for leaving job:

Date: mm/yy		Employer	Position	Type of Business
From:	Company Name:		Job Title:	
To:				
Main Phone:	Address /City/ State:		Main Function/Duties:	
Supervisor Name & Title:			Supervisor's Phone:	Reason for leaving job:

Date: mm/yy		Employer	Position	Type of Business
From:	Company Name:		Job Title:	
To:				
Main Phone:	Address /City/ State:		Main Function/Duties:	
Supervisor Name & Title:			Supervisor's Phone:	Reason for leaving job:

Date: mm/yy		Employer	Position	Type of Business
From:	Company Name:		Job Title:	
To:				
Main Phone:	Address /City/ State:		Main Function/Duties:	
Supervisor Name & Title:			Supervisor's Phone:	Reason for leaving job:

Date: mm/yy		Employer	Position	Type of Business
From:	Company Name:		Job Title:	
To:				
Main Phone:	Address /City/ State:		Main Function/Duties:	
Supervisor Name & Title:			Supervisor's Phone:	Reason for leaving job:

CONDITIONS AND UNDERSTANDINGS OF APPLICATION FOR EMPLOYMENT

- 1. Project HIRED (PH) has an *at will* employment policy. Therefore, I understand that if I am employed by PH, my employment may be terminated with or without cause and with or without notice, at any time, at the option of either the company or me.
- 2. I understand that only PH's Chief Executive Officer (CEO) or a CEO-designated Director has the authority to extend a valid offer of employment from PH, and that offer must be in writing. No representation, whether oral or written by any other representative or agent of PH, neither at any time nor for any specified period of time, shall constitute a valid offer of employment from PH. Nothing said during any interview or during my employment, if hired, creates an employment contract between PH and me.
- 3. If employed by PH, I understand that I will receive information from PH regarding company policies and practices with which I am expected to comply as a condition of employment. I further understand that these may not represent the only conditions that may be required of me to work at PH and that these policies and terms may change at the discretion of the employer.
- 4. PH may require pre- and post-employment, controlled substance ("drug")/alcohol testing under certain conditions and as allowed by law. I understand that either my failure to comply with or pass such testing may be sufficient reason not to be hired, even if an offer of employment has been extended to me, or, if hired, may be grounds for disciplinary action or immediate termination of my employment. Refusal to consent to post-employment controlled substance/alcohol testing may subject me to disciplinary action.
- 5. I understand that: a) PH will verify the information I have supplied and any additional information obtained during the course of this application process; b) once employment has begun at PH, PH reserves the right to contact my current employer to verify information I have provided; c) any information provided by me that is found to be a misrepresentation or falsehood, regardless of when discovered, may result in the withdrawal of an offer or termination of employment from PH. I also understand that PH may be required by law to share information about me with local, state, and/or federal agencies and that I may or may not be notified of such an action.
- 6. I understand that PH or its designated agent (external, third party) may perform a pre-employment and, if needed, post-employment investigation about me, which may include, but not be limited to, information about: my past employment, education, consumer credit history, driving record, criminal record, and information in the public domain, within guidelines established by law. I understand this may include verification of information I have not provided. I understand I have a right to a copy, if requested, of any information PH may obtain from public records* and from any third-party investigative consumer report*. If I am not hired as the result of this information, I understand I am entitled to a copy of any such records, even if I initial below.
- 7. I authorize PH to verify information that I have provided and to discover information that may be related directly or indirectly to my employment that I may not have provided, as noted in Paragraphs 5 and 6. I hereby authorize my current and previous employers and their respective verifying agents to verify and/or provide such information, and I release, save, defend, and hold harmless PH, PH's designated background investigative agent, PH's respective employees, and all persons, agencies, companies, institutions, and entities providing information or reports about me from all liabilities, including, but not limited to, liability for defamation or invasion of privacy arising out of the release of any such information reports. I understand that I have a right to any information gathered, where stipulated by law.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

I certify that I have personally completed this application, or have had a Project HIRED-approved assistant help me if I am disabled, and that all the information I have provided on this application and on other supplemental materials submitted with this application is truthful and complete to the best of my knowledge.

Date _____ Signature of Applicant _____

Instructions:

Please complete ALL pages of the employment application packet and send by fax: 1-408-855-6750 or email: jobs@projecthired.org

If you have any questions, please reach out to: jobs@projecthired.org or 1-408-557-4310



Pre-Offer Voluntary Self-Identification Voluntary & Confidential

Name: _____

Date: _____

Position Applying for: _____

Location: _____

To: Applicants

Project Hired provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, medical condition, sexual orientation, gender identity, gender expression, national origin, age, disability, genetic information, marital status, or veteran and military status in accordance with applicable federal, state and local laws.

Our organization is subject to certain governmental recordkeeping and reporting requirements for administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race, ethnicity, and gender. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. All information will be kept strictly **confidential** and will only be used in accordance with provisions of applicable laws, orders and regulations. This information will not be used to make personnel decisions and will not be kept with your application.

A. Gender (Sex) Information: *Mark one that describes the gender with which you primarily identify.*

Male

Female

Gender Non-Conforming

B. Race/Ethnicity: *Mark one that describes the race/ethnicity category with which you primarily identify.*

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person 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.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

C. Decline to Self-Identify

Check if you decline to self-identify.



Voluntary Self-Identification Protected Veterans

Name: _____ Date _____
Last First M.I.

Position applied for: _____

To: Applicants for employment

1. This company is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:
 - A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
 - a person who was discharged or released from active duty because of a service-connected disability.
 - A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
 - An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
 - An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll free, at **1-866-4- USA-DOL**.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN.
- I choose not to self-identify.

Voluntary Self-Identification

Protected Veterans

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.
4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.
5. Project HIRED has prepared an Affirmative Action Program to implement the affirmative action provisions of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. It is our policy to base all employment decisions on the principles of equal employment opportunity, and to take affirmative action to employ and advance in employment protected veterans. The company will ensure that its human resources programs are administered without regard to an individual's status as a protected veteran, and that employment decisions are based on valid job requirements. As appropriate the Company will make a reasonable accommodation to the known physical or mental limitations of an otherwise qualified disabled veteran unless we can show that the accommodation would impose an undue hardship on the operation of our business. We will also ensure that employees and applicants will not be subjected to harassment of any kind because of their status as a protected veteran. Information on the Veterans Affirmative Action Program is available for review by employees and applicants in the office of our EEO Official, HR Manager during our regular business hours of 9:00 a.m. to 5:00 p.m.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.