

## **Stockton Shelter for the Homeless: Family Shelter**

## **Employment Application**

| Applicant Information  |                              |                |              |                      |              |                     |           |    |  |
|--|------------------------------|----------------|--------------|----------------------|--------------|---------------------|-----------|----|--|
| Full Name:   | Full Name:                   |                |              |                      | Date:        |                     |           |    |  |
|  | Last                         | First          |              |                      | М.І.         |                     |           |    |  |
| Address:   | Street Address               |                |              |                      |              | Apartmer            | nt/Unit # |    |  |
|  |                              |                |              |                      |              |                     |           |    |  |
|  | City                         |                |              |                      | State        | ZIP Code            | ;         |    |  |
| Phone:   |                              |                | Emai         |                      |              |                     |           |    |  |
| Date Availat   |                              |                | Desir        | ed Salary: <u>\$</u> |              |                     |           |    |  |
| Position App   | olied for:                   |                |              |                      |              |                     |           |    |  |
| Are you a ci   | tizen of the United States?  | YES NO         | If no        | , are you            | authorized t | o work in the U.S.? |           | 10 |  |
| Have you ev  | ver worked for this company? | YES NO         | If ye        | s, when?             |              |                     |           |    |  |
| YES NO If yes, this does not mean your application will not be taken Have you ever been convicted of a felony? ☐ ☐ into consideration. |                              |                |              |                      |              |                     |           |    |  |
| If yes, expla  | in:                          |                |              |                      |              |                     |           |    |  |
|  |                              | Ed             | ucatio       | n                    |              |                     |           |    |  |
| High School  | :                            | Addre          | ss:          |                      |              |                     |           |    |  |
| From:  | To: D                        | id you graduat | YE:          | S NO                 | Diploma:_    |                     |           |    |  |
| College:   |                              | Addre          | ss:          |                      |              |                     |           |    |  |
| From:  | To: D                        | id you graduat | YE:<br>te? □ | S NO                 | Degree:_     |                     |           |    |  |
| Other:   |                              | Addre          | ss:          |                      |              |                     |           |    |  |
| From:  | To: D                        | id you graduat | YES          |                      | Degree:_     |                     |           |    |  |
| References   |                              |                |              |                      |              |                     |           |    |  |
| Please list  | three professional reference | es.            |              |                      |              |                     |           |    |  |
| Full Name:   |                              |                |              |                      | Rela         | tionship:           |           |    |  |
| Company:   |                              |                |              |                      |              | Phone:              |           |    |  |
| Address:   |                              |                |              |                      |              |                     |           |    |  |

| Full Name:  |   |                         |             | Relationship:            |  |  |
|-------------|---|-------------------------|-------------|--------------------------|--|--|
| Company:    |   | Phone:                  |             |                          |  |  |
| Address:    |   |                         |             |                          |  |  |
| Full Name:  |   |                         |             | Relationship:            |  |  |
| Company:    |   |                         |             | Phone:                   |  |  |
| Address:    |   |                         |             |                          |  |  |
|             | Previous E                                      |                         |             |                          |  |  |
| Company:    |   |                         |             | Phono:                   |  |  |
| Address:    |   |                         |             | Phone:Supervisor:        |  |  |
|             |   |                         |             |                          |  |  |
| Job Title:  | Starting S                                      | Ending Salary:\$        |             |                          |  |  |
| Responsibil | ities:  |                         |             |                          |  |  |
| From:       | To:   | To: Reason for Leaving: |             |                          |  |  |
|             |   | YES                     | NO          |                          |  |  |
| May we con  | stact this previous supervisor for a reference? |                         |             |                          |  |  |
|             |   |                         |             |                          |  |  |
| Company:    |   |                         |             | Phone:                   |  |  |
| Address:    |   |                         |             |                          |  |  |
| lah Titla   |   |                         |             |                          |  |  |
| Job Title:  | Starting S                                      | Salary: <u>\$</u>       |             | Ending Salary: <u>\$</u> |  |  |
| Responsibil | ities:  |                         |             |                          |  |  |
| From:       | To:   | Reason fo               | or Leaving: |                          |  |  |
|             |   | YES                     | NO          |                          |  |  |
| May we con  | stact this previous supervisor for a reference? |                         |             |                          |  |  |
|             |   |                         |             |                          |  |  |
| Company:    |   |                         |             | Phone:                   |  |  |
| Address:    |   |                         |             | Supervisor:              |  |  |
| Job Title:  | Starting Salary:                                |                         |             | Ending Salary:           |  |  |
| Responsibil | ities:  |                         |             |                          |  |  |
| From:       |   |                         |             |                          |  |  |
| i ioili.    | To:   |                         |             |                          |  |  |
| May we con  | tact this previous supervisor for a reference?  | YES                     | NO          |                          |  |  |

| Military S   | Service            |     |  |  |  |  |  |  |
|--|--------------------|-----|--|--|--|--|--|--|
| Branch:  | From:              | To: |  |  |  |  |  |  |
| Rank at Discharge:   | Type of Discharge: |     |  |  |  |  |  |  |
| If other than honorable, explain:  |                    |     |  |  |  |  |  |  |
| Disclaimer ar  | d Signature        |     |  |  |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.   |                    |     |  |  |  |  |  |  |
| I authorize the Stockton Shelter for the Homeless Board of Directors to inquire into my background, education, past employment history and references as needed to research my qualifications for this position.   |                    |     |  |  |  |  |  |  |
| If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The documents provided will be used for the completion of Form I-9. |                    |     |  |  |  |  |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  |                    |     |  |  |  |  |  |  |
| Signature:   | Da                 | te: |  |  |  |  |  |  |
| *************************  ***********   |                    |     |  |  |  |  |  |  |
| Application Complete: Yes No Interview Summary:  |                    |     |  |  |  |  |  |  |
| Hire Date: Position Assigned:  |                    |     |  |  |  |  |  |  |
| Starting Salary: \$ 90-day Probation Date: Change of Status Report Completed: Yes;   |                    |     |  |  |  |  |  |  |
| Agency Representative's Signature:   |                    |     |  |  |  |  |  |  |