



Community Advocacy Resources Eempowerment Support  
 Comunidad Abogacia Recursos Empoeramiento Suporte



## EMPLOYMENT APPLICATION – California Hands & Voices

- Follow instructions carefully
  - Provide detail
  - If accommodation or assistance is needed in completing this application, contact [info@carescprc.org](mailto:info@carescprc.org).
- ⑩ Print or type
  - ⑩ Check for errors & signature before submitting

Position Applying for	Date you can Start	Today's Date
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### General Information

Name (Last, First, Middle Initial)	Home Telephone	Cell Phone	Email Address	
Mailing Address	City		State Ca	Zip Code
Are you age 18 or older? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you bilingual? (Spanish/English) <input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you ever been an employee of RFENC in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please indicate your position and your former name(s) if your name changed.				
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain				
(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)				
How did you learn about this opening?				

### Education and/or Training

Did you graduate from high school or receive a GED Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
SCHOOL NAME AND LOCATION <small>(college, business, nursing, vocational, or other)</small>	Number of Units/Credits		Field		Did you graduate?	Diploma or degree Earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	



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3.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Hourly Wage		Reason for Leaving	

**Special Qualifications**

Describe trainings, life or work experiences, studies, special skills relevant to working with families who have children with special needs:

Have you worked with parents of children with special needs? If yes, please explain:

Do you have reliable transportation?     Yes     No

**References** (Please list 3 persons who are not relatives)

Name	Address	Telephone	Business	Years Aquainted

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I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

ALL STAFF OF RFENC ARE REQUIRED TO SIGN A CONFIDENTIALITY AGREEMENT. BY SIGNING A CONFIDENTIALITY AGREEMENT, YOU AGREE TO KEEP CONFIDENTIAL ALL INFORMATION YOU LEARN ABOUT CLIENTS DURING YOUR WORK FOR THIS COMPANY.

**Equal Opportunity Employer**

Rowell Family Empowerment of Northern California does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.