

EMPLOYMENT APPLICATION

An equal opportunity Employer/Drug Free Workplace

Equal access to employment is available to all persons. "All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons." Those applicants requiring reasonable accommodation in completing the application and/or interviewing should contact Human Resources.

Please Print				
Position Applied For:	pplied For: Do		2:	
Please list any additional pos	sitions:			
How did you hear about the	position?			
Have you read the job descri	ption? □Yes No□			
Applicant Information				
Name: Last	First		Midd	le Name
Maiden name or other name	s known by:			
Address: No. Street		City	State	Zip Code
Phone Number:	Alternate Phone Number:	Email Address:		
What is the best time to read	ch you?			

Additional Information	
Are you at least 18 years old? Yes	☐ No
Note: If under 18, applicant is subject to verification that you are of minimum legal age	
Have you worked for California Center for the Arts, Escondido before?□ Yes	□ No
If yes, give dates:	
Employment Desired	
☐ Full-time ☐ Part-Time ☐ Part-Time On-Call ☐ Temporary ☐ Internship	
What days and hours are you available for work?	
If applying for temporary work, during what period of time will you be available?	
From: To:	
Are you available to work on weekends? Yes	☐ No
Would you be available to work overtime if necessary? ☐ Yes	☐ No
If hired on what date could you start?	
Salary/Wage Rate Desired:	
Personal Information	
Do you have any friends or relatives working for California Center for the Arts, Escondido? Yes	□ No
If yes, state name(s) and relationship:	
Why are you applying for work at California Center for the Arts, Escondido?	
If hired, would you have a reliable means of transportation to and from work?	⊐ No
If hired, can you present evidence of your identify and legal right to work in this country? Yes No)

Are you able to perform the essent or without reasonable accommoda		job for which	you are ap	plying with
Education, Training and Expe	rience			
School name & Address	Area of Study/Major	Number of years completed	Did you graduate	Degree, Diploma, or Certificate
Many of our patrons do not speak languages?				foreign No
If yes, which language(s):				
Please list any other job related ski qualifications that you believe shou employment at California Center fo	ıld be considered in eva			
Certification and License Info	rmation			
Are you licensed/certified for the jo			□ Yes	☐ No
If yes, name of license/certification	:			
Issuing state:	License/Certification	Number:		
If applying for a Security position, a administering first aid, or CPR/AED	•			for
If yes, list the type of Certification(s	s):			
Issuing state/agency:	License/Certi	fication Num	ber:	

Has your license/certification e			•	
Employment History (You r	nust comple	te this sec	tion even if you have at	tached a resume)
Below, please list all present and				
years is sufficient). Please accour 1) Current or Most Recent Emplo	•	ods, includ	ling dates of unemploym	ient.
Company Name	Address			
• •				
Type of Business				
Telephone No.		Supervis	or	
May we contact this employer?		☐ Yes	□ No	
Title/Position			Start Date	End Date
Duties			<u> </u>	.1
Status	Reason for	Leaving		
□ Part-Time □ Full-Time		J		
2) Previous Employer				
Company Name	Address			
Type of Business	1			
Telephone No.		Supervis	or	
May we contact this employer?		☐ Yes	□ No	
Title/Position		— 163	Start Date	End Date
Duties				
Status	Reason for	Leaving		
□ Part-Time □ Full-Time				

Employment History (Continued)

3) Prior Employer				
Company Name	Address			
Type of Business				
Telephone No.		Superviso	or	
May we contact this employer	?	Yes	☐ No	
Title/Position			Start Date	End Date
Duties				
Status □ Part-Time □ Full-Time	Reason for L	eaving		
4) 5 : 5 !				
4) Prior Employer	T			
Company Name	Address			
Type of Business				
Telephone No.		Superviso	or	
May we contact this employer	?	☐ Yes	☐ No	
Title/Position			Start Date	End Date
Duties				
Status □ Part-Time □ Full-Time	Reason for L	eaving		

Professional References

Below, please list three professional references <u>not related to you</u> who have knowledge of your character, work ethics and work performance.

Name	Occupation
Relationship to Applicant	Number of years Acquainted
Telephone No.	Email Address

Name	Occupation
Relationship to Applicant	Number of years Acquainted
Telephone No.	Email Address

Name	Occupation
Relationship to Applicant	Number of years Acquainted
Telephone No.	Email Address

Please read carefully, initial each paragraph and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.
I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. If selected for the position that I am applying for, I understand that I will need to complete consent forms to submit to drug and alcohol screening, as well as consent form authorizing the California Center for the Arts, Escondido to request a background check.
 I understand that California Center for the Arts, Escondido is a drug free workplace and if I should receive an offer of employment, I understand that it is contingent upon passing a drug/alcohol screening. The screening will be scheduled and paid for by the Center. Failure to pass the drug/alcohol screening will nullify any offers of employment.
 I understand that the California Center for the Arts, Escondido is an "At Will" employer and 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 the company. In addition, 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 the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the

designated representative.

company unless made in writing and signed by me and the company's

I understand that safety of employees is extremely important to the Center and that the Center is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.
 I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.
 I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.
 In the event of my employment with the Center, I understand that I am required to comply with all rules and regulations of the Center.
My signature below attests to the fact that I have read, understood, and agreed to all of the above terms.