



# Application for Employment

Ford Street Project is an equal opportunity employer and provider and complies with all federal and state employment laws and makes reasonable accommodations for applicants and employees with disabilities. If reasonable accommodation(s) are needed to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment, please contact Brandi Page, Administrative Director, (707)462-1934 x102, Brandi@fordstreet.org.

## Personal Information

First Name		Middle Name	Last Name
Phone Number	Alt Phone Number	Email	
Present Address			
Do you have a friend or relative that is currently employed with Ford Street Project? If Yes, what is your relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If selected for employment, I understand I will be required to provide valid I-9 documentation, COVID-19 vaccination status, including boosters, and be subject to pre-employment screenings for health, alcohol & drug, and TB testing.			

## Employment Desired

Position	Date you can start	Salary Desired
Have you ever worked for Ford Street Project before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, When/What Program:		

## Employment History

Please list your current or most recent employer first

Current or Recent Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		
Previous Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		
Previous Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		
Previous Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		
Previous Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		

## Education

## Name and Location of School

Did you graduate?

Subjects Studies  
Degrees / Certificates

High School / GED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

General Information	
<b>Languages</b>	Written: _____ Spoken: _____
<b>Certifications, Trainings and Licenses</b>	
<b>Special Skills</b>	
<b>Other</b>	

Professional References			
Please include 2 references which have supervised you			
Full Name	Relationship	Years known	Phone number & email (required)
Full Name	Relationship	Years known	Phone number & email (required)
Full Name	Relationship	Years known	Phone number & email (required)

**Please Attach Resume & AOD Certificates (if applicable)**

<p>"I certify that all the information submitted by me on this application is true and complete. I understand that if any false information or omissions are discovered, my application may be rejected and, if I am employed, my employment may be terminated. In consideration of my employment, I agree to comply with the agency's policies and procedures. I understand that all agency employees must be vaccinated against COVID-19, including all applicable boosters, subject to approved accommodation for religious or medical reasons. I understand that, depending on the position, I may be required to undergo a pre-employment examination and drug and alcohol screening.</p> <p>"I agree that my employment and compensation can be terminated, with or without cause, with or without notice, at any time, at either my or the agency's option. I understand and agree that the terms and conditions of my employment may be changed, with or without cause, with or without notice, at any time by the agency. I understand that no agency representative, other than the Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."</p>	
Signature	Date

Ford Street Project Office Use Only	
Notes:	Date Received: _____