



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 or receiving services 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, 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

| 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 | |
|---|------------------------------|
| Languages | Written: _____ Spoken: _____ |
| Certifications, Trainings and Licenses | |
| Special Skills | |
| Other | |

| Professional References | | | |
|---------------------------------|--------------|-------------|---------------------------------|
| Please refer to attached sheet. | | | |
| 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 I am aware I will 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: _____ |
| | |