

# Solano Family & Children's Services

421 Executive Court North  
Fairfield, CA 94534  
(707)863-3950

## Employment Application

Solano Family & Children's Services provides equal employment opportunity for all qualified persons. It does not discriminate against any employee or applicant for employment because of race, color, religion, sex, marital status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, veteran's status, victims of domestic violence, sexual assault or stalking, or any other consideration made unlawful by federal, state or local laws. In accordance with the Americans with Disabilities act, any individual with disabilities who requires reasonable accommodation to complete this application/interview process or to perform the essential functions of a specified position should contact the Human Resources department.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Position applying for: \_\_\_\_\_ Salary Desired: \$\_\_\_\_\_ Per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_ Date available to start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently employed? ☐ Yes ☐ No If no, last date worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

You want your employment to be: ☐ Full Time ☐ Part Time ☐ Temporary Assignment

If part time or temporary assignment, specify days and hours available:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

From: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Have you ever applied to or worked for Solano Family & Children's Services before? ☐ Yes ☐ No

If yes, when? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position applied for: \_\_\_\_\_

If hired, can you provide proof that you are authorized to work in the United States? ☐ Yes ☐ No

If your work authorization is time restricted, list expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Many of our clients do not speak English. Do you speak, write or understand any foreign languages? ☐ Yes ☐ No

If yes, which language(s)? \_\_\_\_\_

**Prior Employment History:** (List in order, last four jobs with present or most recent employer first. You must complete this section even if attaching a resume.)

Employment Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Title: \_\_\_\_\_  
Rates of Pay: Starting Pay: \$\_\_\_\_\_ per \_\_\_\_\_ Ending Pay: \$\_\_\_\_\_ per \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Describe in detail the work you did: \_\_\_\_\_  
Your reason for leaving or why are you looking? \_\_\_\_\_

Employment Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Title: \_\_\_\_\_  
Rates of Pay: Starting Pay: \$\_\_\_\_\_ per \_\_\_\_\_ Ending Pay: \$\_\_\_\_\_ per \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Describe in detail the work you did: \_\_\_\_\_  
Your reason for leaving or why are you looking? \_\_\_\_\_

Employment Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Title: \_\_\_\_\_  
Rates of Pay: Starting Pay: \$\_\_\_\_\_ per \_\_\_\_\_ Ending Pay: \$\_\_\_\_\_ per \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Describe in detail the work you did: \_\_\_\_\_  
Your reason for leaving or why are you looking? \_\_\_\_\_

Employment Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Title: \_\_\_\_\_  
Rates of Pay: Starting Pay: \$\_\_\_\_\_ per \_\_\_\_\_ Ending Pay: \$\_\_\_\_\_ per \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Describe in detail the work you did: \_\_\_\_\_  
Your reason for leaving or why are you looking? \_\_\_\_\_

May we contact your former employer(s) ☐ Yes ☐ No

May we contact your present employer(s) ☐ Yes ☐ No

## Education, Training and Experience

### High School:

Name of School: \_\_\_\_\_ # Years Attended: \_\_\_\_\_ Graduated: ☐ Yes ☐ No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### College:

Name of School: \_\_\_\_\_ # Years Attended: \_\_\_\_\_ Graduated: ☐ Yes ☐ No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Degree: ☐ None ☐ AA ☐ BA ☐ Other: \_\_\_\_\_ Area of degree: \_\_\_\_\_

### Vocational/Business:

Name of School: \_\_\_\_\_ # Years Attended: \_\_\_\_\_ Graduated: ☐ Yes ☐ No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Military:

Name of School: \_\_\_\_\_ # Years Attended: \_\_\_\_\_ Graduated: ☐ Yes ☐ No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Other:

Name of School: \_\_\_\_\_ # Years Attended: \_\_\_\_\_ Graduated: ☐ Yes ☐ No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Solano Family & Children's Services? ☐ Yes ☐ No

If yes, please explain:

---

---

---

---

---

---

---

---

## Professional References (Persons other than relatives who have knowledge of your work performance.)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Thank you for completing this application and for your interest in employment with Solano Family & Children's Services.

**Please read the following carefully, initial each paragraph and sign below indicating that you understand and agree to the terms as stated:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my changes 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 Agency 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 Agency, 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.

\_\_\_\_\_ I understand that nothing contained in the 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 Agency. 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 Agency, and that no promises or representations contrary to the foregoing are binding on the Agency unless made in writing and signed by me and the Agency's designated representative

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Solano Family & Children's Services

### CONFIDENTIAL EQUAL EMPLOYMENT OPPORTUNITY SELF IDENTIFICATION (Applicant)

Solano Family & Children's Services is a government contractor and is required to produce statistical records concerning its employees. Completion of this form is completely voluntary. No material from this form shall be used in making decisions for any individual employee.

#### Please complete the following self-identification section:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Race:	Gender/Additional Info.
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female
If not, what race/races do you consider yourself?	<input type="checkbox"/> Male
<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Disabled
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races	<input type="checkbox"/> Veteran, Vietnam Era
<input type="checkbox"/> Black or African American <input type="checkbox"/> White	<input type="checkbox"/> Veteran, Disabled

#### AMERICAN WITH DISABILITIES ACT STATEMENT TO EMPLOYEES

Special Notice to Disabled Individuals: If you are a disabled person it would help us if you tell us about (1) the skills and procedures you use or intend to use to perform the job, regardless of your disability; (2) any special methods, skills, and procedures which qualify you for positions which you might not otherwise be able to do because of your handicap, so you may be considered for any positions of that kind; and, (3) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job or other accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
“**Disabled Individual**” is a person who has a physical or mental impairment that substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having impairment.

“**Disabled Veteran**” is a person entitled to disability compensation, under the laws administered by the Veteran's Administration at a disability rate of thirty percent or more or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

“**Vietnam Era Veteran**” is a person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such activity was performed between August 5, 1964 and May 7, 1975.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

We thank you for your time. Solano Family & Children's Services is an Equal Opportunity Employer.