



Employment Application

An Equal Opportunity Employer

Please Print

Last Name First Name Middle Name Date

Present Address

No. & Street City State Zip Code

Permanent Address (if different from present address)

No. & Street City State Zip Code

Cell Phone Home Phone Business Phone

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what time period 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, what date can you start work? _____



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Personal Information

How did you hear about us and this job opening? _____

Have you ever applied to or worked for Pacific Asian Counseling Services before? Yes No

If yes, when? _____

Why are you applying for work at Pacific Asian Counseling Services?

If hire, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (if under 18, hire is subject to verification that are you of minimum legal age.)?... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the function that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.



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Education, Training and Experience

High School

School Name	No. of Years Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Did you Graduate?	Degree of Diploma
Address & Street	City	State	Zip Code

College/University

School Name	No. of Years Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Did you Graduate?	Degree of Diploma
Address & Street	City	State	Zip Code

Vocational/Business

School Name	No. of Years Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Did you Graduate?	Degree of Diploma
Address & Street	City	State	Zip Code

Health Care Training

School Name	No. of Years Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Did you Graduate?	Degree of Diploma
Address & Street	City	State	Zip Code

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Pacific Asian Counseling Services? Yes No

If so, please explain:



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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certificate number: _____

Has your license/certificate ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement:

Employment History

List below all present and past employment starting with you most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer: _____ Phone Number: _____

Type of Business: _____ Your Supervisor's Name: _____

Address & Street _____ City _____ State _____ Zip Code _____

Date of Employment: From: _____ To: _____

Your Position and Duties:

Reason for leaving:

Current Employer? ... Yes No

May we contact this employer for a reference? ... Yes No



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Employment History, continued

Name of Employer: _____ Phone Number: _____

Type of Business: _____ Your Supervisor's Name: _____

Address & Street _____ City _____ State _____ Zip Code _____

Date of Employment: From: _____ To: _____

Your Position and Duties:

Reason for leaving:

Current Employer? ... Yes No May we contact this employer for a reference? ... Yes No

Name of Employer: _____ Phone Number: _____

Type of Business: _____ Your Supervisor's Name: _____

Address & Street _____ City _____ State _____ Zip Code _____

Date of Employment: From: _____ To: _____

Your Position and Duties:

Reason for leaving:

Current Employer? ... Yes No May we contact this employer for a reference? ... Yes No



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References

First Name	Last Name	Phone Number	
Address & Street	City	State	Zip Code

Occupation: _____ No. of Years Acquainted: _____

First Name	Last Name	Phone Number	
Address & Street	City	State	Zip Code

Occupation: _____ No. of Years Acquainted: _____

First Name	Last Name	Phone Number	
Address & Street	City	State	Zip Code

Occupation: _____ No. of Years Acquainted: _____

First Name	Last Name	Phone Number	
Address & Street	City	State	Zip Code

Occupation: _____ No. of Years Acquainted: _____



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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.

 Initials

I hereby authorize Pacific Asian Counseling Services to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I 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.

 Initials

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 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 company unless made in writing and signed by me and the Company's designated representative.

 Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

 Initials

Applicant's Signature: _____ Date: _____



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Optional

The information requested below is necessary for the specific position for which you are applying. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.

Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Please do not list: misdemeanor convictions for marijuana-related offenses that are more than two years old; infractions; records relating to diversion programs; convictions that have been judicially dismissed, expunged or ordered sealed pursuant to law; or any convictions, adjudications or other court actions by a juvenile court? Yes No

If yes, please list the crime(s) you were convicted of and when and where convicted. Please also include any other information you want to share with us about this conviction, any mitigating circumstances or any additional information you believe may be relevant.

Applicant's Signature: _____ Date: _____

Optional

This Company conducts internal background checks and may search public records. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below.

If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

 Initials

“Public records” are defined by California state law and means records documenting an “arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.” (Civil Code section 1786.53) **Any public records request performed by internal personnel employed by the Company will only be conducted and used to the extent allowed by federal, state or local law, including any laws governing use of criminal history information.**

I waive receipt of a copy of any public record described in the paragraph above.

Applicant's Signature: _____ Date: _____