

1900 Garden Road. Suite 230 Monterey, CA 93940 (831)372-2730 www.specialkidsconnect.org mail@specialkidsconnect.org

### SPECIAL KIDS CONNECT IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

## PERSONAL INFORMATION

Ple	ase print cle	early. Use add	ditional pages as necess	ary.			
1.	Name:	Last		First	Middle		
2.	Address:	Street		City	State	Zip	
3.	Telephone	e Number:	_( ) -	4. Email Addre			
5.	Are you a	t least 18 yea	rs old? ∐Yes∐ No <i>lf</i>	employed & under the age of 1	8, can you furnish a w	ork permit? <b>Yes</b> No	
6.	Do you have a legal right to work in the United States?						
7.	Have you If yes, whe	• • • • • • • • • • • • • • • • • • • •	oecial Kids Connect for	employment in the past?  Position applied f			
8.	Do you ha	=		d by Special Kids Connect?  What relation to yo		□ No	
9.				uld need to verify your empth the date the name changed:	oloyment experience	e and education?	
10.	-		loyed? ☐ Yes ☐ No	If yes, may we contact your cu	ırrent employer at anyt	ime? ☐ Yes ☐ No	

#### 1. Position for which you are applying: First Choice Second Choice Salary/wage desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ On-Call 3. Are you available to work: ☐ Weekends ☐ Overtime ☐ Split Shift Evenings Other: 4. When would you be available to start working? 5. How did you hear about the availability of the position for which you are applying? ☐ Employment Agency Advertisement ☐ Current Employee ☐ Friend ☐ Relative ☐ Walk-In ☐ Other: \_\_\_\_\_ 6. If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? $\square$ Yes $\square$ No \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_ Expiration Date: \_\_\_\_ 7. Have you been given a Job Description, or have the requirements of the job been explained to you? Yes No Do you understand these requirements? ☐ Yes ☐ No 8. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No 9. Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No SPECIAL SKILLS AND TRAINING 1. Describe specialized training, apprenticeships, skills or research: 2. List current certifications and/or professional licenses, if any, and where registered: 3. Office/business equipment and software qualified or trained to use: **Please Check Software and List Programs** 4. Check special skills or training: (i.e., Word, Excel, etc.): ☐ Working with ☐ Administrative ☐ Word Processing ☐ basic ☐ adv. Developmentally ☐ Customer Service Spreadsheet ☐ basic ☐ adv. Disabled Children ☐ Training/Teaching \_\_\_\_ basic □ adv. Database ☐ Non-Profit ☐ Working with Children ☐ Accounting ☐ basic ☐ adv. ☐ Recreation/Sports Billing ☐ Graphic Design ☐ basic ☐ adv ☐ Budgeting ☐ Graphic Design ☐ basic ☐ adv ☐ Web Development ☐ Marketing ☐ Fundraising ☐ basic ☐ adv. 5. Please indicate any language skills, other than English, below: **READING SPEAKING** UNDERSTANDING **WRITING LANGUAGE** FLUENT GOOD FAIR FLUENT GOOD FAIR FLUENT GOOD FAIR FLUENT GOOD FAIR

**POSITION** 

# **EMPLOYMENT EXPERIENCE**

<u>Directions</u>: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

## THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer	Date	Dates Employed		Key Responsibilities			
			From		То			
	Address							
			□ Full-Tim		□ Part-Time			
	Telephone Number Supervisor's Name, Title and Telephone Number							
	Job Title							
	Reason for Leaving: Resigned Laid off Discharged Why?							
_ [	Employer	Dates Employed			Var	Door one ikilitioo		
2.	Employor		From To		ney	Responsibilities		
	Address							
			□ Full-Tim	ne	□ Part-Time			
	Telephone Number Supervisor's Name, Title and Telephone Number							
	Job Title							
	Reason for Leaving: Resigned Laid off Discharged  Why?							
3.	Employer			s E	mployed	Key	Responsibilities	
	Address		From		То			
	Address		- F. II Tim		- Deat Time			
	Telephone Number	☐ Full-Time ☐ Part-Time						
	Telephone Number Supervisor's Name, Title and Telephone Number							
	Job Title							
	Reason for Leaving: Resigned Laid off Discharged Why?							
4.	Employer	Dates Employed from to _		Address			Job Title	
5.	Employer	Dates Employed from to _	yed Addres		ess		Job Title	
6.	Employer Dates Employed from to			Address			Job Title	
7.	Employer	Dates Employed from to _		Address			Job Title	

EDUCATION AND TRAINING									
TYPE of SCHOOL	SCHOOL NAME, CI	ITY and STATE	MAJOR Choos		se Last Year				
High School				□9 □1	0 🗆 11 🗀 12				
Community College		From: To:			1 🗌 2				
College/University		From:		<b>□1</b> □	2 🗆 3 🗆 4				
Graduate School		From: To:		<b>□1</b> □	2 🗆 3 🗆 4				
Business/Trade/Other School	lo	From: To:	Degree: Yes No	<b>1</b>	2 3 4				
EMPLOYME	NT REFERE	NCES							
Name	Business Rel	Business Relationship		ss	Telephone				
CERTIFICATION									
<u>DIRECTIONS</u> : PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.									
Accuracy: I hereby certify that I have personally completed this application, that the answers given by me are true and complete, and that no material fact has been omitted. I understand that any false statements appearing and this application and further consideration of this application and									
not hire me	on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal								
	from the services of Special Kids Connect regardless of the time that has elapsed before discovery.  Reference Checks: I authorize Special Kids Connect or its designated agents to contact my references and								
to investigat	to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate								
	in such investigations and release those parties supplying such information to Special Kids Con								
	<ul> <li>Where an outside company conducts such an investigation, I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living,</li> </ul>								
Signed characteristics authorities	er, personal characteristics and general reputation; where the job requires a credit check, a separate ation will be provided. This authorization in original or copy format, shall be valid for one year from the date								
indicat denied	indicated next to my signature below. According to the Fair Credit Reporting Act, I will be notified if empl denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information pr								
Contingenc	Contingencies: Where a conditional offer of employment is made, I acknowledge it is contingent upon								
Typed examination	examination, chimilal convictions, and when applicable to the job a credit check. Should a conditional								
company p	employment be made, a separate authorization and disclosures will be provided. (*) In accordar company policy, an individual assessment will be made, including the information reviewed relatedness and time since last conviction.								
			ion in no way assures me	a nosition	with Special				
— Kids Connec	At-Will Employment: I understand that filing this application in no way assures me a position with S  Kids Connect, and that this application is not, and is not intended to be, a contract of employment. I under  that if employed my employment and compensation can be terminated at will, with or without cause, and y								
without notic	that if employed, my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, and at the option of either Special Kids Connect or myself. I further understand that no one other than the Board of Directors of Special Kids Connect has any authority to enter into any								
	agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing								

Date

Signature of Applicant

Typed Signature of Applicant