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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.

Today's Date: ____/____/____ Date Available to Start: ____/____/____
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? (check as many as apply): SFCS: Walk-in SFCS: Website SFCS: Facebook
 Friend: Name (optional): _____ Learn4Good EDD Workforce Dev. Board
 Community College (Name): _____ First 5 Other: _____

Are you currently employed? Yes No If no, last date worked: ____/____/____

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

If full-time, do you have any obligations that would prevent you from working:

Monday-Friday Yes No 8:30 AM – 5:30 PM Yes No Occasional Eves/Saturdays Yes No

If you answered yes to any of the above, please explain: _____

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)? Spanish Tagalog Sign Language Other: _____

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: _____
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: _____
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: _____
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: _____
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? _____

Please explain any lapses in employment: _____

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: _____

Computer programs you are proficient in:

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 or yourself who have knowledge of your work performance.)

Name: _____ Occupation: _____ Phone #: (____) _____
Email: _____ What is your professional relationship? _____

Name: _____ Occupation: _____ Phone #: (____) _____
Email: _____ What is your professional relationship? _____

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 #: _____ / _____ / _____

Table with 2 columns: Race and Gender/Additional Info. Rows include options for Hispanic/Latino, Asian, American Indian, Black/African American, Native Hawaiian, Two or more races, White, Female, Male, Disabled, Veteran, Vietnam Era, and 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.