

GOLDEN SIERRA JOB TRAINING AGENCY

Administrative Office: 11549 F Avenue, Auburn, CA 95603 (530) 823-4631
TDD to Voice: 800-735-2929

APPLICATION FOR EMPLOYMENT

Please type or
complete in ink.

FOR GOLDEN SIERRA USE ONLY

- ACCEPTED
 REJECTED
 EXPERIENCE
 EDUCATION
 OTHER

Exact title of examination for which you are applying:

INITIAL _____

DATE _____

NAME:

First Middle Last

ADDRESS:

Street City State Zip

Home Phone:

Business Phone:

Ext.:

Soc. Sec. No.

READ FULLY (ANSWER BY CHECKING)

1. Do you object to Golden Sierra making inquiry of your present employer?

YES NO

2. Have you ever been convicted of any crime?

YES NO

(Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements.)

You may OMIT:

- 1) Minor traffic violations;
- 2) Any offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law;
- 3) Any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45.

If YES, state: 1) date, 2) charge, 3) place, 4) court and 5) action taken on a separate page.

3. Have you ever, because of poor performance or misconduct, (1) been fired from a job, let go, or had a work contract terminated; (2) quit a job after being informed that you were under suspicion of misconduct, poor performance, or after being informed you could receive disciplinary action; or (3) been advised that you would be rejected, released, or not hired permanently after a trial period? YES NO

If YES, indicate the name and address of the employer, date of event, and explain the circumstances on a separate page.

4. Please check the type of employment you prefer:

FULL TIME PART TIME EXTRA HELP/TEMPORARY

5. For this recruitment, please indicate your first and second location preference:

- Roseville to Colfax Nevada City/Grass Valley Placerville Area
 So. Lake Tahoe/Alpine County Truckee/North Shore

EQUAL OPPORTUNITY IS THE LAW

It is against the law for Golden Sierra Job Training Agency to discriminate on the following bases: race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity. If you think that you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue N.W., Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Certificate of Applicant. Recheck the Application to be sure it is complete and read the following carefully before signing. Applicant must sign personally.

I hereby certify that all statements made in this Application are true and I agree and understand that any misstatement or omission of material facts may cause forfeiture on my part to any employment in the service of Golden Sierra. I further agree to submit to a complete medical examination and, upon employment, to submit verification of legal right to work in the United States.

Signature _____ Date _____

Women, minorities, and persons with disabilities are encouraged to apply. Please contact Golden Sierra at least ten working days before a scheduled examination/interview if you require accommodation in the examination/interview process. Medical disability verification may be required prior to accommodation.

AFFIRMATIVE ACTION QUESTIONNAIRE: Voluntary information for statistical data gathering only.

This portion of the application will be detached upon receipt and will be available only to authorized personnel.

POSITION TITLE

ARE YOU OVER 40 YEARS OF AGE? _____