



## An Equal Opportunity Employer and a Drug Free Workplace

It is the policy of Desert AIDS Project to provide equal employment opportunities for applicants and employees without regard to race, color, religion, national origin, sex, sexual orientation, gender identity, veteran status, age, disability or any other classification protected by federal, state or local laws. Desert AIDS Project welcomes the opportunity to provide reasonable accommodations to applicants with disabilities. If you require an accommodation during the employment process, please notify Human Resources. Any employment relationship with Desert AIDS Project is "at will". This means employment can be terminated at any time, with or without notice, at the option of either Desert AIDS Project or the employee.

# Employment Application

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

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate #: \_\_\_\_\_

City, State, Zip : \_\_\_\_\_

Social Security #: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Type of Work Applying For: (Circle One) Full-time Part-time # Hours per Week: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ If Hired, On What Date Can You Start Work? \_\_\_\_\_

Have you ever applied to or worked for Desert AIDS Project before?

Yes No If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Desert AIDS Project?

Yes No

If yes, state name(s) and relationship: \_\_\_\_\_

If hired, can you present evidence of your U. S. citizenship or proof of your legal right to work in this country? Yes No

Do you have a valid CA driver's license? Yes No

Do you have proof of auto insurance? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Have you ever been convicted of a crime? (Do not include any misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.)

Yes No If yes, please explain.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Education, Training and Experience (Voluntary unless required by job)**

School	Name & Address	No. of Years Completed	Did You Graduate?		Degree or Diploma
			YES	NO	
High School/GED					
College/University					
Graduate School					

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

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

Do you have computer skills? Yes  No  Please list the software programs you use. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel would be useful? If so, please explain.

\_\_\_\_\_  
 \_\_\_\_\_

**Employment History** Are you currently Employed? Yes  No  If so, may we contact your current employer? Yes  No

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

NAME OF EMPLOYER		DATES EMPLOYED	FROM:	TO:
TYPE OF BUSINESS		TELEPHONE NO.		
YOUR SUPERVISOR'S NAME		SALARY		
YOUR POSITION AND DUTIES				
REASON FOR LEAVING				
NAME OF EMPLOYER		DATED EMPLOYED	FROM:	TO:
TYPE OF BUSINESS		TELEPHONE NO.		
YOUR SUPERVISOR'S NAME		SALARY		
YOUR POSITION AND DUTIES				
REASON FOR LEAVING				
NAME OF EMPLOYER		DATED EMPLOYED	FROM:	TO:
TYPE OF BUSINESS		TELEPHONE NO.		
YOUR SUPERVISOR'S NAME		SALARY		
YOUR POSITION AND DUTIES				

REASON FOR LEAVING			
NAME OF EMPLOYER		DATED EMPLOYED	FROM: TO:
TYPE OF BUSINESS		TELEPHONE NO.	
YOUR SUPERVISOR'S NAME		SALARY	
YOUR POSITION AND DUTIES			
REASON FOR LEAVING			

**Comments: (Optional)**

You may use this area to indicate additional qualifications or attach any information you feel would be helpful in considering your application for employment:

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I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatement of fact or omission of fact on my part will subject me to disqualification or dismissal if hired. I hereby authorize Desert AIDS Project to investigate my ability, employment record, or character with any source noted in this application or resume. I hereby release said sources from any liability for any damages whatsoever for issuing this information. All employees will be required to submit copies of certificates, licenses and/or education diplomas when applicable. I am aware that any offer of employment is conditional upon my ability to meet established requirements of the job. I also understand that any offer of employment is conditional upon my successful completion of a drug test. I understand that acceptance of an offer of employment does not create a contractual obligation upon Desert AIDS Project to continue to employ me in the future, and that any employment relationship is strictly at will, meaning either Desert AIDS Project or I can terminate the employment relationship at any time, with or without cause.

Signature: \_\_\_\_\_

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

Revised 5/2008

**RELEASE, AUTHORIZATION, AND CONSENT FOR RELEASE  
OF INFORMATION TO EMPLOYER AND RELEASE FROM LIABILITY**

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I understand that in connection with the application process, DESERT AIDS PROJECT may request information from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of any criminal records. I have provided complete and truthful information to Desert AIDS Project regarding all sources of information about my past employment, education, license, certification, criminal conviction record, as well as any other information requested in the employment application, and have been fully informed that any misrepresentations or omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge. In order to assist Desert AIDS Project in obtaining documents and information to confirm my background, if necessary, I hereby consent to the release of information more specifically described below.

I request, authorize, and consent to the release of information to Desert AIDS Project regarding my previous employment and authorize all past employers or agents that they may designate to respond to verbal or written inquiries from Desert AIDS Project regarding my employment record, including, but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful, or threatening behavior, including information based upon materials in my personal files.

I request, authorize, and consent to the release and disclosure of educational records from any and all public and private educational institutions that I have attended to Desert AIDS Project. Such educational records include all records of my academic performance, courses attended, grades earned, diplomas, degrees, or other certificates conferred. These records are to be released and disclosed to Desert AIDS Project in connection with background checks pertaining to an application for employment. My consent to the release and disclosure of these records applies only to Desert AIDS Project, its agents, servants, officers, or employees. This consent is given with the understanding that Desert AIDS Project will not transmit the information contained in these records to any other agency or person without my written consent.

I request, authorize, and consent to Desert AIDS Project contacting the personal references identified in my application for purposes of confirming information contained in my application for employment. I specifically request, authorize, and consent to Desert AIDS Project's verbal or written inquiries addressed to my personal references about the information contained in my application, as well as my reliability, honesty, and potential tendency, if any, to engage in any form of violence or other harmful, unsafe, or threatening behavior.

I request, authorize, and consent to the release of information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, information concerning whether such license or certification was granted, is active, or has been suspended or deactivated for any reason.

I request, authorize, and consent to Desert AIDS Project's thorough investigation of whether I have a record of criminal convictions and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand that a criminal record will not necessarily disqualify me from employment.

I further hereby release and hold harmless Desert AIDS Project, its officers, employees, and agents, and any person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents in good faith and without malice pursuant to this Release, Authorization, And Consent For Release Of Information To Employer And Release From Liability, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, violation of California Labor Code section 1050 (governing unsolicited or false references), intentional or negligent interference with prospective business relations or contracts, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, and any other potential claims, demands, damages, liabilities, and/or actions of any kind whatsoever, whether known or unknown to me presently, and that I may have, now or in the future. I voluntarily grant this release for purposes of supporting my application of employment and based upon my desire to encourage Desert

**AIDS Project's consideration of my application. If I have any concerns about the information that may be provided to Desert AIDS Project during its investigation concerning issues relevant to Desert AIDS Project's consideration of my application, I have voluntarily explained such concerns to Desert AIDS Project in writing and attached a statement with this application.**

**I have carefully read this Release, Authorization, And Consent For Release Of Information To Employer And Release From Liability and have voluntarily agreed to its terms to assist Desert AIDS Project in evaluating my qualifications for employment and in meeting the important goal of hiring honest, trustworthy, reliable, and nonviolent employees who do not pose a risk of serious harm in the workplace. I additionally agree to cooperate fully with Desert AIDS Project in permitting the release of the above information and reports. I additionally understand that all information and documents generated, received, or maintained by Desert AIDS Project during, or as a result of, its investigation, will be maintained as confidential information.**

**I hereby waive my right to receive a copy of the public record information obtained:       Yes       No**

**Dated: \_\_\_\_\_**

**Employee Signature: \_\_\_\_\_**

**Print Name: \_\_\_\_\_**

**Witness: Signature: \_\_\_\_\_**

**Print Name: \_\_\_\_\_**

**APPLICANT NOTIFICATION STATEMENT**

**TO: All Applicants**  
**FROM: Desert AIDS Project**  
**RE: Desert AIDS Project's Drug and Alcohol Testing Policy**

I acknowledge that I have read a copy of Desert AIDS Project's Drug and Alcohol Testing Policy (available at the Reception desk or online) and that I understand that if I am hired by Desert AIDS Project, I must comply with the Policy.

I further acknowledge that I understand that any offer of employment is conditioned upon successful completion of a drug test.

I understand that I will be requested to sign this form and a form releasing the test results to Desert AIDS Project. I understand that refusal to consent or sign the consent and release forms will result in my disqualification for further employment consideration.

I understand that the drug testing process involves collection of a urine sample and then testing of the sample by a qualified testing laboratory. I understand that if I do not cooperate with this process or fail to report for my drug test at the appointed time and place, I will be considered as having voluntarily withdrawn my application for employment and will not receive further consideration for employment.

I agree that Desert AIDS Project has made no representations, inducements or statements other than those in writing about drug testing. I understand that if I have any questions about the collection or testing process, I will ask the collection site person or the technician before leaving the area. If anything unusual happens, I will notify Human Resources immediately.

By my signature below, I freely agree to comply with the Drug and Alcohol Testing Policy and to undergo the collection and testing process.

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature :** \_\_\_\_\_

**Witness Printed Name :** \_\_\_\_\_

**Date:** \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY DATA

**To be completed by applicant:**

Completion of this form is entirely *voluntary*. All information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes. It will *not* become part of your personnel record if you are hired by this company.

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable.

<b>NAME:</b>	
<b>POSITION APPLIED FOR:</b>	
<b>DATE:</b>	

**SEX:**                     Male                     Female

**ETHNIC GROUP:**

\_\_\_ **American Indian/Alaskan Native** - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_ **Asian/Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

\_\_\_ **Black** - Not of Hispanic origin. All persons having origins in any of the Black racial groups of Africa.

\_\_\_ **Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

\_\_\_ **White** - Not of Hispanic origin. All persons having origins in any of the original peoples of Europe, North Africa or Middle East.

**VETERAN STATUS:**

\_\_\_ **Special Disabled Veteran** - Means (A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious disability or (B) a person who was discharged or released from active duty because of a service connected disability.

\_\_\_ **Vietnam Era Veteran** - Means a veteran, any part of whose active military, naval or air service, was during the period August 5, 1964 through May 7, 1975 who (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. No veteran can be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1994.

**To be completed by employer:**

- |   |   |
|---|---|
| <p><b>EEO-1 Category:</b></p> <p><input type="checkbox"/> 1. Officials and managers</p> <p><input type="checkbox"/> 2. Professionals</p> <p><input type="checkbox"/> 3. Technicians</p> <p><input type="checkbox"/> 4. Sales</p> <p><input type="checkbox"/> 5. Office and clerical</p> | <p><input type="checkbox"/> 6. Crafts - skilled</p> <p><input type="checkbox"/> 7. Operatives - semi-skilled</p> <p><input type="checkbox"/> 8. Laborers - unskilled</p> <p><input type="checkbox"/> 9. Service workers</p> |
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**Employer information completed by:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date