



Post Office Box 727
Visalia, CA 93279

POSITION APPLIED FOR: _____

RECRUITMENT #: _____

1. You must submit a separate application for each position applied for (copies with original signatures are acceptable.)
2. You must type or print legibly in pen.
3. You must complete ALL sections of the application. Do not state **SEE RESUME.**
4. Faxes will not be accepted.
5. Your application must be received in the Visalia Administration Office by 5:00 P.M. on the closing date.

EMPLOYMENT APPLICATION

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	M.I.
MAILING ADDRESS		CITY	STATE
		ZIP CODE	HOME PHONE #
		BUSINESS PHONE #	
NOTIFY IN EMERGENCY, NAME			PHONE #
NAME(S) OF RELATIVE(S) WORKING FOR PROTEUS			TIME NEEDED BETWEEN OFFER AND EMPLOYMENT
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Seasonal		Are you over 18 years of age? ... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a CRIME? (This includes DUI's.) Convictions will not necessarily disqualify you from employment. (Do not provide information about misdemeanor marijuana convictions more than two years old).. <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:			
Are you currently under arrest for any crime which has not been resolved (i.e., pending trial, etc.)? (Do not provide information about misdemeanor marijuana arrests more than two years old.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you used illegal drugs within the past three weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and which drugs did you use?			
Are you able to perform the duties of the position for which you are applying, including regular attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Education, Training & Qualifications

CIRCLE THE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 HIGH SCHOOL GRAD OR EQUIV.? Yes No

NAME & LOCATION OF COLLEGE/UNIVERSITY/TRADE & TECH SCHOOL	COURSE OF STUDY	UNITS COMPLETED		TYPE OF DEGREE OR DIPLOMA COMPLETED
		QTR	SEM	

Credential(s) held, type & expiration date:

Describe any specialized training, apprenticeship, skills or extracurricular activities that are relevant to the job for which you are applying.	
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Describe any honors, scholarships, appointments or awards that you have received.	
List professional, trade, business or civic activities and offices held. You may exclude information that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected personal information.	
State any additional information you feel may be helpful to us in considering your application.	

Driver's License: State: _____ #: _____ Exp. Date: _____ Restrictions or Suspensions (Respond fully if driving is required by the job for which you are applying)?

List any foreign languages you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Personal & Professional References

NAME (At least 3 of the 4 references should be professional references)	U PROFESSIONAL	U PERSONAL	PHONE # w/area code

Employment History

Are you currently employed? [] Yes [] No If yes, may we contact your current employer? [] Yes [] No	Have you been discharged or asked to resign from a position or job?[] Yes [] No If yes, explain reasons.
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Explain any gaps in your employment history. Do not provide information about any physical or mental disabilities or other medical information.	
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Print Name: _____

List below all present and past employment starting with your most recent employer. **You must provide the telephone number of all current and past employers.** You must complete this section even if attaching a resume. **Do not state "See Resume."**

EMPLOYER NAME	YOUR SUPERVISOR'S NAME	PHONE #	TYPE OF BUSINESS
DATES OF EMPLOYMENT: FROM ____/____/____ TO: ____/____/____		Full Time [] Part Time [] Hours Per Week: _____	REASON FOR LEAVING
JOB TITLE: _____ DUTIES:			
EMPLOYER NAME	YOUR SUPERVISOR'S NAME	PHONE #	TYPE OF BUSINESS
DATES OF EMPLOYMENT: FROM ____/____/____ TO: ____/____/____		Full Time [] Part Time [] Hours per Week: _____	REASON FOR LEAVING
JOB TITLE: _____ DUTIES:			
EMPLOYER NAME	YOUR SUPERVISOR'S NAME	PHONE #	TYPE OF BUSINESS
DATES OF EMPLOYMENT: FROM ____/____/____ TO: ____/____/____		Full Time [] Part Time [] Hours per Week: _____	REASON FOR LEAVING
JOB TITLE: _____ DUTIES:			
EMPLOYER NAME	YOUR SUPERVISOR'S NAME	PHONE #	TYPE OF BUSINESS
DATES OF EMPLOYMENT: FROM ____/____/____ TO: ____/____/____		Full Time [] Part Time [] Hours per Week: _____	REASON FOR LEAVING
JOB TITLE: _____ DUTIES:			
EMPLOYER NAME	YOUR SUPERVISOR'S NAME	PHONE #	TYPE OF BUSINESS
DATES OF EMPLOYMENT: FROM ____/____/____ TO: ____/____/____		Full Time [] Part Time [] Hours per Week: _____	REASON FOR LEAVING
JOB TITLE: _____ DUTIES:			

READ CAREFULLY BEFORE SIGNING.

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
2. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
3. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.
4. I understand that I will be required to maintain the minimum auto insurance as required by California law if I am required to drive and use my own vehicle during the course of my work.
5. I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period. I understand and agree that Proteus retains the right to demote, transfer, change my job duties, and change my compensation at any time with or without notice and with or without cause in its sole discretion. I understand and agree that my employment may be terminated by Proteus at any time, with or without cause, and with or without notice, at the option of either Proteus or myself.
6. I request, authorize and consent to the release of information to Proteus regarding my previous employment and authorize all past employers or agents that they may designate, to respond to verbal or written inquiries from Proteus 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 personnel files.
7. 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 is in good standing and any disciplinary or other proceedings concerning such license or certification.
8. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through seven (7) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the Chief Executive Officer of Proteus.

Signature: _____ Date: _____

Print name: _____ List all names used in the past: _____



Human Resources Department
 1830 North Dinuba Blvd.
 Visalia, CA 93291

Phone: (559) 735-3670

AN EQUAL OPPORTUNITY EMPLOYER

PF-54 5/2002





... for Education, Employment and Community Services

Instructions and Disclosure Statement

To comply with Equal Employment Opportunity regulations, Proteus Inc. requests that all applicants complete this form. This information will remain confidential. It will not be available to persons involved in the hiring or decision making process. Nor will Proteus use this information as a basis for selection. Compliance with this request, while strongly encouraged, is voluntary. Failure to complete this form will not disqualify you from consideration for employment.

Name (optional): _____ **Position Applied For:** _____

Sex: [] Male [] Female

Ethnic Background: [] Caucasian [] Native American / Alaskan Native
[] Hispanic [] African American [] Asian / Pacific Islanders

Are you a Veteran? [] Yes [] No

Do you have any limiting* physical characteristics? [] Yes [] No

*Any physical health impairment that requires special education, rehabilitation or related services. This would include but not be limited to:

1. impairment of sight, hearing, or speech,
2. impairment of physical ability because of amputation, loss of function or coordination.

We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Because this form is separated from the application, if you are called for an interview and require reasonable accommodation during the interview process, please inform us at that time.

For Marketing use: (Voluntary information)

How did you discover this job opening? (Please check all that apply.)

- | | | | |
|-------------------|--|-----------------------------|----------------------|
| () Newspaper | () Fresno Bee | () Visalia Times Delta | () Hanford Sentinel |
| | () Delano Record | () Bakersfield Californian | () Other: _____ |
| () Job Posting | () Proteus Office | () One Stop Office | () Local College |
| | () EDD Office | () Other: _____ | |
| () Word of Mouth | () Proteus Employee | () Friend: _____ | () Other: _____ |
| () Internet | () www.proteusinc.org | () Other: _____ | |



FAIR CREDIT REPORTING ACT

Consent to Request Consumer Report Information

I understand that Proteus, Inc. may utilize the services of a consumer-reporting agency as part of the procedure for processing my application for employment or during the course of my employment with Proteus, if any.

I understand that if the consumer reporting agency conducts an investigation it may include obtaining information regarding my references, character, past employment, work habits, education, general reputation, personal characteristics, credit information, driving records and criminal background, covering the number of years allowed by law.

I understand that if Proteus requests a consumer reporting agency to conduct an investigation (an investigative consumer report) I will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. I will also be provided with further information pertaining to federal law governing investigative consumer reports. I understand that I will not receive such a notice if the investigation is performed by Proteus or a person or entity other than a consumer-reporting agency.

I also understand that if any adverse action is made based on information obtained in the report, whether it be for employment purposes or investigative purposes while employed, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Proteus, Inc. within two (2) days of my receipt of the report. If I notify Proteus, Inc. within two (2) days of the receipt of the report that I am challenging information in the report, Proteus, Inc., will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report. If I have ever filed for bankruptcy, I understand that no employment decision will be based solely on this information. I also understand that a letter regarding the results of your Investigative Consumer Report will be sent to me.

I also understand and acknowledge that nothing in this consent and notice is intended to be, or is, an offer of employment. If employed by Proteus, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by Proteus.

I hereby consent to this investigation and authorize Proteus, Inc. to procure a report on my background as stated above from the consumer-reporting agency, Et All, Inc., 1800 Miraloma Avenue, #A, Placentia, CA 93870; phone number 888-269-6400.

Signature _____

Date _____

Social Security Number _____

Print Name _____

CA License Number _____

Last name as it appears on driver's license _____

Would you like a copy of the report?

() YES, have Et All, Inc. send a copy of the report to my home: _____
Print street address

Print city, state and zip code

() NO, do not send a copy of the report. I am waiving my right to a copy.