



# Meals on Wheels by ACC

7375 Park City Drive • Sacramento • CA • 95831

Phone (916) 444-9533 • FAX (916) 394-9156

## APPLICATION FOR EMPLOYMENT

Meals on Wheels by ACC (MoW) is an equal opportunity employer. Meals on Wheels by ACC complies with all applicable laws providing equal employment opportunities to individuals regardless of race, religious creed, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, military service status, marital status, pregnancy, childbirth and related conditions, age, medical condition, disability (mental or physical), or any other category protected by applicable state, federal and local laws and ordinances.

Print Name : \_\_\_\_\_  
LAST FIRST MIDDLE

Address : \_\_\_\_\_  
HOUSE NO. & STREET CITY STATE ZIP CODE

E-mail Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your age under 18?  YES  NO If YES, do you have a work permit?  YES  NO  
 If job involves driving, State Driver's License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

If hired, would you be able to present proof of your legal right to work in the United States?  YES  NO

### JOB INTEREST

Position Desired: \_\_\_\_\_ Days / Work Hours Available:  Full Time  Part Time  On Call  
 Weekends  Evenings

Have you ever applied or worked for MoW before?  No  Yes  
 If yes, please explain (include date): \_\_\_\_\_ Salary Desired \_\_\_\_\_ Date Available \_\_\_\_\_

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any person who is related to you and who is currently employed at this facility  YES  NO

How did you learn about this job opening?  Walk-in  Internet Job Posting  MoW Web site  Referral  Other

### EDUCATION AND TRAINING

Circle highest grade completed in each school category

Grade School										High School				College Degree		Graduate Degree	
1	2	3	4	5	6	7	8	9	10	11	12	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Name										Location				Course Degree			
High School																	
Community College																	
College / University																	
Nursing, Technical or Vocational School																	
Other Training Skills (Office, Microsoft Office, Medical, etc.)																	
What office machines do you use?												Typing Speed wpm: _____					
<b>Professions Requiring State License (Registration)</b>																	
California Prof/Tech License #				Date Received				Date Expired				Professional Society Membership					

**MILITARY**

<b>Branch of U.S. Service:</b>	<b>Final Rank:</b>
<b>Service Schools or Special Experience:</b>	
Do you have any specific education or training which directly relates to the position for which you are applying? _____ If <b>YES</b> , Please provide all pertinent information not already stated. _____ _____	

**EMPLOYMENT HISTORY**

Please list all employment starting with present or most recent employer. Account for all periods of unemployment and service with U.S. Armed Forces. Also include relevant voluntary and/or part-time work experience. Use additional sheet if necessary.

<b>Employer:</b> _____ <b>Address:</b> _____
<b>Telephone #:</b> _____ <b>Dates:</b> from ___/___/___ to ___/___/___ <b>Position:</b> _____
<b>Salary/ Wage: Starting</b> _____ per ____ <b>Final</b> _____ per ____ <b>Supervisor's Name:</b> _____
<b>Duties &amp; Responsibilities:</b> <i>(Be specific)</i> _____ _____ _____
<b>Reason for leaving:</b> <i>(If you are currently employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO)</i> _____ _____

<b>Employer:</b> _____ <b>Address:</b> _____
<b>Telephone #:</b> _____ <b>Dates:</b> from ___/___/___ to ___/___/___ <b>Position:</b> _____
<b>Salary/ Wage: Starting</b> _____ per ____ <b>Final</b> _____ per ____ <b>Supervisor's Name:</b> _____
<b>Duties &amp; Responsibilities:</b> <i>(Be specific)</i> _____ _____ _____
<b>Reason for leaving:</b> _____

<b>Employer:</b> _____ <b>Address:</b> _____
<b>Telephone #:</b> _____ <b>Dates:</b> from ___/___/___ to ___/___/___ <b>Position:</b> _____
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<b>Duties &amp; Responsibilities:</b> <i>(Be specific)</i> _____ _____ _____
<b>Reason for leaving:</b> _____

EMPLOYMENT HISTORY

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

Telephone #: \_\_\_\_\_ Dates: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position: \_\_\_\_\_

Salary/ Wage: Starting \_\_\_\_\_ per \_\_\_\_ Final \_\_\_\_\_ per \_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties & Responsibilities: *(Be specific)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Is there any other information which you would like to give which would help us in our evaluation?  YES  NO

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL REFERENCES

Give the names of three professional references, not related to you, whom you have known for at least one year.

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Telephone # : \_\_\_\_\_

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Telephone # : \_\_\_\_\_

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Telephone # : \_\_\_\_\_

PERSONAL DATA

Have you ever been suspended or discharged from any position?  YES  NO If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with/without accommodation?  YES  NO If NO, please describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime?  YES  NO If YES, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_

\_\_\_\_\_

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, and the relevance of the offense to the position(s) applied for may, however, be considered. Background / fingerprint and driving record checks may be conducted depending on the position and federal and/or state legislated requirements.

Have you ever been found guilty in the mistreatment, neglect, or abuse of residents, or misappropriation of their property?  YES  NO If yes, please explain: \_\_\_\_\_



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## PRE-EMPLOYMENT STATEMENT

I understand and agree that this application, singularly or together with other company documents or policy statements, does not create a contract of employment. I also understand that if hired, I may voluntarily leave the company or be terminated at anytime and for any reason. I also understand that an offer of employment is conditional on satisfactory results of a post-offer employment physical examination.

I do hereby declare that all information given and statements made herein and in conjunction with this application are true; and if hired, any information discovered to be false is grounds for immediate termination. I also consent to have all information checked and I give my permission to any and all persons contacted to release any employment related information requested in connection with this application/employment. I agree not to hold any such person or company liable for the information that they give out.

**APPLICANT NAME:** \_\_\_\_\_  
(Please Print)

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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## REQUEST FOR REFERENCE

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, a current or former employee of your firm has applied for employment with Meals on Wheels by ACC. We would appreciate your evaluation of this individual's performance and other job related issues indicated in the evaluation section of this form at your earliest convenience. Please feel free to comment on appropriate job related issues that are not included within the evaluation section. Thank you for your attention and we are waiting for your prompt reply.

Position Held/Primary Duties: \_\_\_\_\_

Period of Employment From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Would you rehire?  Yes  No

Please check appropriate boxes:

	Unsatisfactory	Good	Average	Excellent	Comments
Technical					
Quality					
Dependability					

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give Meals on Wheels by ACC the right to investigate my past employment, education, and activities. I release from all liability all persons, companies or corporations who supply such information. I indemnify Meals on Wheels by ACC against any liability that might result from such an investigation. I understand that any false answer or statement or material omissions or implications I might make shall be considered sufficient cause to deny employment or for immediate discharge if already employed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date



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Signature of Applicant

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Date

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Signature of Respondent

\_\_\_\_\_  
Date