



7375 Park City Drive, Sacramento, CA 95831 Phone (916) 444-9533 | Fax (916) 394-9156

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: _____

Address: _____

E-mail Address: _____ Phone No.: _____

Emergency Contact: Name: _____ Phone: _____

Are you at least 18 years of age? YES NO If NO, 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

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): _____

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 Meals on Wheels by ACC? YES NO

Position Desired: _____

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

Date Available: _____

Check the highest grade completed in each school category listed below:

Grade School	High School:	College Degree	Graduate Degree
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____



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Professions Requiring State License (Registration)

California Prof/Tech License #	Date Received	Date Expired	Professional Society Membership
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Branch of U.S. Service: _____ **Final Rank:** _____

Service Schools or Special Experience: _____

Do you have any specific education or training which directly relates to the position for which you are applying? Yes No
If YES, 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.

Current/Previous Employer: _____

Address: _____ Telephone #: _____

Dates: from ___/___/___ to ___/___/___ Position: _____

Supervisor's Name: _____ Duties & Responsibilities: (Be specific) _____

Reason for leaving: _____

(If you are currently employed, may we contact your current employer? YES NO

Employer: _____

Address: _____ Telephone #: _____

Dates: from ___/___/___ to ___/___/___ Position: _____

Supervisor's Name: _____ Duties & Responsibilities: (Be specific) _____

Reason for leaving: _____

Employer: _____

Address: _____ Telephone #: _____

Dates: from ___/___/___ to ___/___/___ Position: _____

Supervisor's Name: _____ Duties & Responsibilities: (Be specific) _____

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Employer: _____

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Dates: from ___/___/___ to ___/___/___ Position: _____

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 and contact information of three professional references, preferably supervisors, not related to you.

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: _____

The position for which you are applying may require a criminal background check. 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 any time 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 employment application. I agree not to hold any such person or company liable for the information that they give out.

APPLICANT NAME: _____
(Please print)

APPLICANT SIGNATURE: _____ Date: _____