

FOR OFFICE USE ONLY

Date App Received _____ Date Entered in App Track _____ Date of First Contact _____
 Under consideration for _____ position at _____
 Screening Interview Date _____ Interviewer _____ Show No Show Score _____
 Follow-Up Interview Date _____ Interviewer _____ Show No Show Score _____
 Home/Program Visit Date _____ Location & Host _____ Show No Show Score _____
 Reference ✓ Comp. Date _____ Acceptable Not Acceptable Applicant Withdrew, Date _____
 Offer Decision: Regret Reason _____ Offer _____ position Date Offered _____

FORMAL EDUCATION		Name of School and Address for Verifying Attendance	Course of Study or Major	# Years Attended	Did you Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
	Technical/ Trade/ Vocational				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
	Community/ Junior College				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
	College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
	College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending		

OTHER TRAINING	Certification Type/Description	Granting Authority/Where Earned	Certificate Number (if any)	Expiration Date (if any)
	Cardio-Pulmonary Resuscitation (CPR)			
	First Aid			
	Certified Nurse Aide			
	Certified Medication Aide			
	Licensed Practical Nurse			
	Registered Nurse			
	Mandt (physical restraint training)			
	National Teaching Family Association			
	Other			
	Other			
Summarize any other special training/qualifications you have acquired from employment, seminars/workshops, or other experiences.				

MILITARY SERVICE

Have you ever served in the United States Armed Forces? Yes No
 If yes, in what branch?

Describe any training you received during your military service that is relevant to the job for which you are applying.

EMPLOYMENT HISTORY

Starting with your current or most recent job, provide an accurate, complete record of employment (including, but not limited to, every job you've held for at least the last five years).

1 - Current or Most Recent Job	Employer's Name	Employment Dates From _____ To _____
	Address (MUST Include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

CCO will contact the employers listed above to verify your employment unless you indicate that you do not want us to contact a particular employer and supply a valid reason.

Please DO NOT contact

Employer # _____ Reason

2	Employer's Name	Employment Dates From _____ To _____
	Address (MUST Include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

EMPLOYMENT HISTORY

Continue providing an accurate, complete record of full-time and part-time employment, including, but not limited to, every job you've held for at least the last five years.

3	Employer's Name	Employment Dates From _____ To _____
	Address (MUST include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

4	Employer's Name	Employment Dates From _____ To _____
	Address (MUST include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

5	Employer's Name	Employment Dates From _____ To _____
	Address (MUST include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

6	Employer's Name	Employment Dates From _____ To _____
	Address (MUST include COMPLETE Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code)

		()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

CCO will contact the employers listed above to verify your employment unless you indicate that you do not want us to contact a particular employer and supply a valid reason.	Please DO NOT contact
	Employer # _____ Reason

If additional space is needed to provide a complete employment history, please indicate by checking this box and continuing on page 7 of this form.

PUBLICITY/REFERRAL TRACKING		How did you find out about job opportunities at CCO?
Classified ad in the _____ Name of newspaper or publication	Display ad in the _____ Name of newspaper or publication	
Bulletin Board Display _____ Location of bulletin board	Radio Ad or TV ad _____ Radio or TV station	
Personal Referral _____ Name of person who referred you	Other (describe) _____	

EMPLOYMENT OF RELATIVES/HOUSEHOLD MEMBERS		
Are any members of your household or family employed by CCO? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, supply their name, position/title, and work location.		
Name	Position/Title	Work Location

Please detach this page along the perforation.

If you are submitting this application in person and choose to fill out the voluntary self-identification form, submit this page separately from the rest of the completed application form.

If you are submitting this application by mail and choose to fill out the voluntary questionnaire, fold this page along the lines below to form a self-mailer. Mail the completed self-identification form separately.

California Community Opportunities, Inc.
1475 S. Bascom; Ste. 104
Campbell, CA 95008

Equal Employment Opportunity Self Identification Form

Please detach this self identification form from the rest of the employment application. The completion of this self identification form is optional. If you choose to volunteer the requested information, please note that CCO maintains all self Identification forms in a confidential file that is separate from employment application forms.

California Community Opportunities, Inc. (CCO) follows government regulations where they apply. The purpose of this self identification form is to comply with government record-keeping, reporting, and other legal requirements. Government agencies may require periodic reports on the gender, ethnicity, disability status, veteran status, or other protected status of employees and job applicants. This data is most often gathered for statistical analysis with respect to the success of programs to ensure equal employment opportunity, such as Affirmative Action.

Job applicants and employees of CCO are treated without regard to age, color, medical condition or disability, marital status, national origin, race, religion, gender, veteran status, or any other legally protected status. It is further the policy of CCO to practice equal employment opportunity without regard to sexual orientation.

Your cooperation in filling out this self identification form is voluntary. Inclusion or exclusion of information requested on this form will not affect any employment decision. Please print neatly.

↙ Detach along the perforation ↘

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Today's Date

Date of Birth (mm/dd/yy)

Female Male

Racial Origin (Please Check One):

American Indian or Alaskan Native – A person with origins in any of the original peoples of North America, Central America, or South American and who maintains cultural identification through community recognition or tribal affiliation.

Asian – A person with origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black / African American – A person with origins in any of the black racial groups of Africa. Does not include Hispanics.

Native Hawaiian or Pacific Islander – A person with origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White – A person with origins in any of the original peoples of Europe, North Africa or the Middle East.

Multi-racial or Other

Ethnic Origin (Please Check One):

Hispanic or Latino – A person of Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino – A person NOT of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race.

Do you consider yourself an individual with a disability (having an impairment that substantially limits one or more of your life activities)? Yes No

Are you a veteran with a disability (with 30% VA compensation or discharged because of a disability incurred in the line of duty)? Yes No

Are you a Vietnam era veteran (having served at least 180 days of active duty between August 15, 1964 and May 7, 1975)? Yes No

Are you a newly separated veteran (having been discharged or released from active duty within the past 365 days)? Yes No

Job for Which You've Applied

Location (City/Town, State)