

The Creative Center Employment Application Form

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

Please mail completed application to:
606 N. Bridge St., Visalia, CA 93291
or fax application to:
(559) 733-3031

OFFICE USE ONLY:
Date received:
Reviewed by:

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you under age 18 ____ YES ____ NO, if "YES", can you provide proof of your eligibility to work? ____ YES ____ NO

Are you currently authorized to work in the United States? ____ YES ____ NO. Proof of eligibility will be required if hired.

Position applied for (1) _____
 and wage desired (2) _____
 (Be specific)

Days/hours available to work:
 No Pref _____ Thu _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				

Have you ever been convicted of a crime in the past 10 years? No Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Do you have a current First Aid Certification?

Personal Computer Yes No Other _____
Operating System PC MAC Skills _____

Please list two references other than relatives.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	
		From To	
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

I authorize investigation of all statements contained in this application.____ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.____ I hereby give The Creative Center permission to contact schools, all previous employers (unless otherwise indicated), Dept. of Motor Vehicles, references and others and hereby release The Creative Center from any liability as a result of such contact.____

I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, fingerprint FBI and DOJ clearance, TB test, physical examination, drug screening, and any other pertinent information bearing upon my employment, and that my continued employment depends on the will of the company or myself. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.____

Signature of applicant _____ **Date:** _____

The Creative Center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with The Creative Center depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Motor Vehicle / Personal Records Waiver

Date: _____

**Mackey & Mackey Insurance Agency, Inc.
PO Box 1209
Hanford, CA 93230**

Attention: Rondi Chambers, CIC, CISR

To Whom It May Concern:

I am aware that consumer and motor vehicle reports may be obtained as part of my application and/or employment. The reports may be procured by: **The Creative Center** or its insurance agent or carrier, and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

By signing this letter, I hereby authorize **The Creative Center** or their insurance agency or carrier to procure such information and reports as well as additional reports about me from time to time as deemed appropriate to evaluate my insurability or for other permissible purposes.

Signature of Applicant or Employee

Print Name as it appears on Driver License

Date of Birth

Driver License #

State