



# MAOF

Mexican American Opportunity Foundation

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Dates Available: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Do you have a Valid CA Driver License? YES NO

Were you referred by a current employee? YES NO If yes, Name of employee: \_\_\_\_\_

### Education/Permits

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Do you speak, write, and/or understand any foreign language? YES NO

If yes, which languages? \_\_\_\_\_

**Check which Child Development Permit you currently possess:**

Teacher Assistant Permit

Associate Teacher Permit

Teacher Permit

Master Teacher Permit

Site Supervisor Permit

Program Director Permit

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT'S STATEMENT

Please Read and Initial each Paragraph and sign application upon completion

I hereby authorize **Mexican American Opportunity Foundation** to thoroughly investigate my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release **Mexican American Opportunity Foundation**, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. \_\_\_\_\_

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and or physical will result in withdrawal of the employment offer. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment. \_\_\_\_\_

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and the **Mexican American Opportunity Foundation**. In addition, I understand and agree that if I am employed, my employment relationship with **Mexican American Opportunity Foundation** is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or **Mexican American Opportunity Foundation**, and that no promises or representations contrary to the forgoing are binding on **Mexican American Opportunity Foundation** unless made in writing and signed jointly by the President/CEO. \_\_\_\_\_

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or **Mexican American Opportunity Foundation** benefits, policies and procedures will not alter our at-will agreement. \_\_\_\_\_

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. \_\_\_\_\_

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current valid California Driver's License and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by **Mexican American Opportunity Foundation** auto insurance, if required for my position. \_\_\_\_\_

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection or this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. \_\_\_\_\_

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## VOLUNTARY EEO IDENTIFICATION

Various Agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which and individual applies. The information requested on this sheet is for compliance with certain records keeping requirements. MAOF believes all persons are entitled to equal employment opportunities, and does not discriminate against employees or applicants for employment because of race, color, religion, sex, age, national origin, ancestry, citizenship, physical or mental disability, medical condition, marital status, pregnancy, sexual orientation, or any other basis prohibited by statute.

Name \_\_\_\_\_  
Date \_\_\_\_\_  
Position Applied For \_\_\_\_\_

Race/Ethnic Data:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or |
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> Hispanic                  | Alaskan Native                              |

Regulations issued by the U.S. Department of Labor with respect of disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Disabled Person | <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Special Disabled Veteran<br>(30% or more disability) |
|--|--|---|

### EXPLANATION OF CATEGORIES:

**White (Non-Hispanic origin):** Persons having origins any of the original peoples of Europe, North Africa or the Middle East.

**Black (Non-Hispanic):** Person having origins in any of the Black racial groups or Africa.

**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indians subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Hispanic:** All persons of Mexico, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race.

**American Indian or Alaska Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disabled Individual:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such a person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7 1975, and was discharged or released with other than a dishonorable discharge or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 17, 1975.

**Special Disability Veteran:** Federal Regulations define a special disabled veteran as one who (1) is entitled to compensation under administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.