



FORT ORD REUSE AUTHORITY

920 2nd Avenue, Suite A, Marina, CA 93933

Phone: (831) 883-3672 | Fax: (831) 883-3675 | www.fora.org

EMPLOYMENT APPLICATION

Fort Ord Reuse Authority (FORA) is an Equal Opportunity Employer - State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex (including gender), religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

****Print or save this form onto your computer/device before filling it out. Please print clearly OR enter information digitally.****

GENERAL INFORMATION

- Name:**
Last _____ First _____ Middle _____
- Address:**
Street _____ City _____ State _____ Zip _____
- Telephone Number:** _____
- Email Address:** _____
- Do you have a legal right to work in the United States?** Yes No
- If hired, are you able to produce documents that verify your right to work in the United States?** Yes No
- Have you applied to FORA for employment in the past?** Yes No
If yes, when? _____ Position applied for: _____
- Have you ever been employed by FORA?** Yes No
If yes, when? _____ Position: _____
If yes and you used another name, please indicate here. _____
- Do you have any relatives currently employed by FORA?** Yes No
If yes, who? _____ What relation to you? _____
- Are you currently employed?** Yes No
If yes, may we contact your current employer at any time? Yes No
 You may contact my current employer, but only when:

Are you a veteran of the United States military service? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state branch of service: _____
Please list any job-related professional, trade, business or civic activities, organizations and associations to which you are affiliated. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

POSITION

- 1. Position for which you are applying: _____
- 2. Salary/wage desired: _____ per _____
- 3. Are you available to work: Full-Time Part-Time Temporary
 Evenings Weekends Overtime
 Other: _____
- 4. When would you be available to start working? _____
- 5. How did you hear about the availability of the position for which you are applying?
 Advertisement Employment Agency Current Employee
 Friend Relative Walk-In Other: _____
- 6. If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? Yes No
- 7. If the position you are applying for requires the use of a vehicle, do you have proof of insurance? Yes No
- 8. Have you been given a Position Description, or have the job requirements been explained to you? Yes No
Do you understand these requirements? Yes No
- 9. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?
 Yes No
- 10. Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days?
 Yes No

SPECIAL SKILLS AND TRAINING

- 1. Describe education, training, skills or experience essential to the position you are applying for:

- 2. List current certifications and/or professional licenses, if any, and where registered:

- 3. Office/business equipment and software qualified or trained to use:

- 4. List special skills or training:

Please Check Software and List Programs (i.e., Word, Excel, etc.):	
<input type="checkbox"/> Word Processing	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> PDF	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> HTML/Web	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> GIS	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Other	<input type="checkbox"/> basic <input type="checkbox"/> adv.

5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY

Directions: Please begin with your present or last job. Account for all periods of time, including military experience, periods of unemployment and the nature of your activities, providing no more than past 10 years. Correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL— RESUMES ARE NOT ACCEPTED IN LIEU OF REQUESTED INFORMATION.

1.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title		Hourly Rate/Salary		
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?		Starting	Final	

2.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title		Hourly Rate/Salary		
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?		Starting	Final	

3.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title		Hourly Rate/Salary		
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?		Starting	Final	

4.	Employer	Dates Employed from ____ to ____	Address	Job Title
5.	Employer	Dates Employed from ____ to ____	Address	Job Title
6.	Employer	Dates Employed from ____ to ____	Address	Job Title

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	Diploma/Degree	Choose Last Year
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade/Night School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of FORA regardless of the time that has elapsed before discovery.

I authorize FORA or its designated agents to contact my references and to investigate my past employment, education credentials, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to FORA from all liability or responsibility with respect to information supplied to FORA.

I understand that filing this application in no way assures me an interview or position with FORA, and that this application is not, and is not intended to be, a contract of employment.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature of Applicant

Date