



Fresno Area Community  
Enterprises, Inc.  
5724 N. Fresno St.  
Fresno, CA, 93710  
(559) 431-3223  
office@facefresno.org



## EMPLOYMENT APPLICATION

All information in this document is confidential. Please print.

Name/Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
(Use legal name)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Male / Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Physical Limitations \_\_\_\_\_  
(Circle One) (Month/Day/Year) (Be specific; if none, write none)

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Emergency contact phone (\_\_\_\_) \_\_\_\_\_

## EMPLOYMENT INFORMATION

Current Work Status \_\_\_ Unemployed \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Student

Business Name \_\_\_\_\_ Role/Job Title \_\_\_\_\_

Description of responsibilities \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Length of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

May we contact employer? Yes  No  Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## EMPLOYMENT HISTORY (Please list most recent first)

Business Name \_\_\_\_\_ Role/Job Title \_\_\_\_\_

Description of responsibilities \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Length of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

May we contact employer? Yes  No  Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Business Name \_\_\_\_\_ Role/Job Title \_\_\_\_\_

Description of responsibilities \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Length of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

May we contact employer? Yes  No  Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Business Name \_\_\_\_\_ Role/Job Title \_\_\_\_\_

Description of responsibilities \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Length of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

May we contact employer? Yes  No  Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

### EDUCATION

High school \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Other training/medical certifications \_\_\_\_\_

### REFERENCES (Personal or professional; not a relative)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### DRIVING INFORMATION

If you are applying for a position that requires driving, FACE requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the position requires one?

Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to FACE, so that they can be filed with this application. I will immediately notify my supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT'S STATEMENT**

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in any offer of employment being denied. Furthermore, my signature below provides my authorization to FACE to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FACE acknowledges that equal opportunity for all persons is a fundamental human value. Each applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

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