

EXCEED

A Working Solution

A division of Valley Resource Center

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PLEASE PRINT

DATE _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

PLEASE LIST ANY OTHER NAME (S) YOU HAVE USED _____

STREET ADDRESS

CITY / STATE

ZIP

MAILING ADDRESS IF DIFFERENT:

HOME PHONE () _____ WORK PHONE () _____

*YOU WILL BE CONTACTED VIA EMAIL REGARDING YOUR APPLICATION, PLEASE PROVIDE A
VALID EMAIL ADDRESS _____

I DO NOT HAVE EMAIL SOCIAL SECURITY NUMBER _____ - _____ - _____

DRIVER'S LICENSE NUMBER _____ STATE _____

POSITION APPLYING FOR _____

___ REGULAR FULL-TIME ___ REGULAR PART-TIME ___ TEMPORARY

IF TEMPORARY, WHEN ARE YOU AVAILABLE? _____

DAYS AND HOURS YOU ARE AVAILABLE FOR WORK _____

AVAILABLE WEEKENDS ___ YES ___ NO CAN WORK OVERTIME ___ YES ___ NO

IF HIRED, ON WHAT DAY CAN YOU START WORK? _____

SALARY DESIRED \$ _____ PER HOUR / \$ SALARY _____

HOW DID YOU HEAR ABOUT EXCEED? _____

HAVE YOU EVER APPLIED AT EXCEED BEFORE? ___ IF YES, WHEN? _____

DO YOU HAVE ANY FRIENDS / RELATIVES WORKING FOR EXCEED? _____

NAME

RELATIONSHIP

NAME

RELATIONSHIP

IF HIRED, WOULD YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? _____

ARE YOU AT LEAST 18 YEARS OLD? _____

WHY ARE YOU APPLYING FOR WORK AT EXCEED? _____

IF HIRED, CAN YOU PRESENT EVIDENCE OF US CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS? _____

IF "NO", DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility test(s).

Note: No applicant will be denied employment solely on the grounds of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EDUCATION / TRAINING / EXPERIENCE

HIGH SCHOOL

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

OF YEARS COMPLETED _____ DID YOU GRADUATE? _____

**COLLEGE/
UNIVERSITY/
VOCATIONAL**

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

OF YEARS COMPLETED _____ DID YOU GRADUATE? _____

Do you have any special skills, speak a second language or have any other experience, training or qualifications which you feel make you especially suited for work at EXCEED?

EMPLOYMENT HISTORY

LIST PRESENT AND PAST EMPLOYERS FOR THE LAST 5 YEARS STARTING WITH YOUR MOST RECENT EMPLOYER. PLEASE COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

ARE YOU CURRENTLY EMPLOYED? _____ **MAY WE CONTACT YOUR EMPLOYER?** _____
IF “NO”, EXPLAIN _____

Name of Employer (_____)
Phone Number

Address of Employer **City** **State** **Zip**

Type of Business **Supervisor’s Name**

Dates of Employment From _____ **To** _____

May we contact for a reference? _____ **If “no”, explain** _____

Your Position Title and Duties _____

Reason for Leaving _____

Name of Employer (_____)
Phone Number

Address of Employer **City** **State** **Zip**

Type of Business **Supervisor’s Name**

Dates of Employment From _____ **To** _____

May we contact for a reference? _____ **If “no”, explain** _____

Your Position Title and Duties _____

Reason for Leaving _____

Name of Employer (_____)
Phone Number

Address of Employer **City** **State** **Zip**

Type of Business **Supervisor’s Name**

Dates of Employment From _____ **To** _____

May we contact for a reference? _____ **If “no”, explain** _____

Your Position Title and Duties _____

Reason for Leaving _____

Name of Employer (_____)
Phone Number

Address of Employer **City** **State** **Zip**

Type of Business **Supervisor’s Name**

Dates of Employment From _____ **To** _____

Type of Business

May we contact for a reference? _____ **If “no”, explain** _____

Your Position Title and Duties _____

Reason for Leaving _____

EMPLOYMENT HISTORY cont.

Name of Employer

Phone Number

Address of Employer

City

State

Zip

Type of Business

Supervisor's Name

Dates of Employment From To

Your Position Title and Duties

May we contact for a reference? If "no", explain

Reason for Leaving

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS

First Name

Last Name

Phone Number

Address

City

State

Zip

Occupation

of years acquainted

First Name

Last Name

Phone Number

Address

City

State

Zip

Occupation

of years acquainted

First Name

Last Name

Phone number

Address

City

State

Zip

Occupation

of years acquainted

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

Initials

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 misstatements of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize EXCEED to thoroughly investigate my references, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to EXCEED any and all letters, reports and other information related to my work records.

Initials

I understand that Background Checks will be conducted on all finalists for employment. If more than one finalist for a position, the results from the Background Check will be taken into consideration for selection purposes.

Initials

I understand that nothing contained in the application, conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and EXCEED. In addition, I understand and agree that if I am employed, my employment is “at will” and for no definite or determinable period and may be terminated by myself or by EXCEED at any time or no reason at all, with or without prior notice. I further understand that no person in the company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Executive Director.

Initials

I agree that if I am employed, I will abide by all rules and regulations of EXCEED. I understand that the taking of drugs and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that a physical examination, including a TB Test, may be required prior to my employment based on position applied for.

Initials

I understand that if I become an EXCEED employee, EXCEED will conduct periodic criminal and registered sex offender checks.

Initials

I understand that due to the nature of EXCEED’s business, I may be terminated if my background check reveals felony or serious misdemeanor conviction(s).

Applicant’s Signature

Date Signed

EXCEED

Completing and submitting an application does not imply a promise of an interview or employment.

Selections for employment are based only on the qualifications of the applicant. EXCEED will not discriminate on the basis of race, color, creed, religion, gender, age (age 40 and over), appearance, sexual orientation, disability or any other characteristics protected by applicable state or federal civil rights laws.

If you require special accommodations to complete the application or testing process, please advise the office personnel. We will make every reasonable attempt to accommodate your needs.

If you believe that you have been discriminated against or treated unfairly in the application, testing, interview or selection process, you may state your complaint in writing and send to:

**EXCEED Standards Committee
1285 N Santa Fe St
Hemet CA 92543**

You will receive a written response to your complaint within 12 working days.

The employment relationship is based on the mutual consent of the employee and the organization for no definite term or period of time. Accordingly, either the employee or the organization can terminate the employment relationship at will, with or without cause or advance notice, at any time. By accepting an employment position with EXCEED you agree to at will employment.

FOR ALL APPLICANTS

To apply for any position, you must certify you are capable of performing the duties required. See specific Position Description postings for requirements.

FOR ADC / TRANSPORTATION / RESIDENTIAL APPLICANTS

Upon hire, you are required to obtain a medical examination, pass fingerprint clearance and have drug tests performed.

(Rev. 11/14) (5/16) (8/16) (4/17) (1/18)