

EMPLOYMENT APPLICATION (Please print)

PERSONAL INFORMATION

Name:				
Address:				
Email Address:	Cell Phor	าe:		
Birthdate:				
Social Security # (will be used during hiring process)):			
POSITION FOR WHICH YOU ARE APPLYING: Executive Director, Full- time, exempt, hybrid (remot Saturdays/weeknights)	te plus field:	s/courts ii	n Mission Viejo, CA	on
	Full-Time		Part-Time	
What days and hours are you available to work?	Days		Hours	
Are you available to work Saturdays and Sundays?	Yes		No	
Are you available to work overtime?	Yes		No	
If hired, when can you start? Salary desired?			ed?	
EMPLOYMENT				
Are you currently employed?	Yes		No	
If so, may we contact your current employer?	Yes		No	
Have you ever applied with or worked for us before?	Yes		No	
If yes, when?				
Do you have friends or relatives working for us?	Yes		No	
If yes, state name (s) & relationship:				

Are you at least 18 years old?	Yes	 No	
If hired, would you have a reliable means of transportation to and from work?	Yes	 No	
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?	Yes	 No	
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	Yes	 No	

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. Hired applicants may be subject to passing a medical examination, and to skill and agility tests.)

MILITARY SERVICE

Branch of Service

Rank

Dates

Military Specialty

EDUCATION

	Name & Address of School	Graduate [Yes or No]	Degree
High School			
College/University			
Trade School			

EMPLOYMENT HISTORY

Most Recent Employer		
Address		
City		Phone
Supervisor's Name	Your	Position
Describe Your Duties		
Dates of Employment	From	То
Weekly Pay	Starting	End
Reason for Leaving		
Can we call this employer fo	r a reference on you?	
Employer No. 2 Address		
City		Phone
Supervisor's Name	Your I	Position
Describe Your Duties		
Dates of Employment	From	То
Weekly Pay	Starting	End
Reason for Leaving		
Can we call this employer fo	r a reference on you?	

Employer No. 3 Address					
City	Phone				
Supervisor's Name	Your Position				
Describe Your Duties					
Dates of Employment	From		То		
Weekly Pay	Starting		End		
Reason for Leaving			-		
Can we call this employer	for a reference on	you?	-		
<u>REFERENCES</u>					
List persons NOT related to) you who have kno	wledge of your wor	k performa	ance:	
Name					
Occupation					
Address					
Telephone	How lo	ng have they know	n you?		
Name					
Occupation					
Address					
Telephone	How lo	ng have they know	n you?		

Name	
Occupation	
Address	
Telephone	How long have they known you?

EXPERIENCE

Please indicate the number of years of professional experience you have in the following areas:

Major Gifts Programs:	Individual, Business/Corporate, Church & Civic Group Giving Programs:
Annual Fund Programs:	Planned Giving Programs:
Capital Campaigns:	Grant Research/Writing:
Fundraising/Event Management:	Marketing/Social Media:

Please Read and Sign Below

TRUTHFUL ANSWERS

I certify that I have answered each question fully and truthfully. I understand that any omission or misstatement of fact on this application or on any document used to secure employment shall be grounds for rejection of my employment or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

AT-WILL EMPLOYMENT

I understand and agree that if I am employed, my employment is AT WILL and may be terminated at any time, with or without prior notice and with or without cause at the option of either myself or the Employer. I understand and agree that nothing contained in the employment application, or conveyed during the interview process is intended to create an employment contract between me and the Employer. I agree that any alteration to my at-will status must be in writing and signed by the Executive Director and/or Board President.

REFERENCES

I hereby authorize the Employer to thoroughly investigate references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Employer any and all letters, reports and other information, without giving me prior notice of such disclosure. In addition, I hereby release the Employer, my former employers and all other persons, corporations, partnerships and Employers from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

DRUG TESTING

I understand that I may be required to submit to and pass a drug/alcohol test and that any offer of employment is conditioned upon my successful completion of the test. I also agree to submit to alcohol and drug testing following (i) any work-related accident, (ii) any violation of safety precautions or standards (whether or not an injury resulted from such accident or violation), and (iii) whenever management has reason to believe I may be under the influence of drugs or alcohol, when such test is allowed by law.

BACKGROUND INVESTIGATION AND CREDIT CHECK

I understand that, depending on the position for which I apply, any offer of employment may be contingent upon the successful completion of the Employer's background check and/or credit check. I further understand that the Employer will consider for employment all qualified applicants in a manner consistent with the requirements of the Fair Chance Initiative. If a background check is conducted, I understand and agree that the Employer may rescind/terminate employment based on a link between specific elements of my criminal history and risks inherent to the job I am seeking, but only after I have been given written notification, a written assessment, an opportunity to challenge the accuracy of the background check and/or provide evidence of mitigating factors, and a written reassessment. I also agree to sign any additional authorization or notification which may be required so that the Employer may conduct such investigations and to hold harmless any individual or agency involved with the release of such information. I further understand that I may not be able to begin employment until such investigations are complete.

CONFIDENTIALITY

In the course of my work, I may have access to confidential, proprietary and/or trade secrets pertaining to the Employer, its clients, vendors, or perhaps even co-workers.

I agree not to disclose any confidential information to outside third parties, or to anyone who may use the information for self-gain or misuse the information in any way. I understand and agree that if I violate this provision, I will be subject to discipline up to and including immediate termination.

I HAVE READ AND AGREE TO THE ABOVE.

Applicant's signature:	Date:	
Applicant's signature.	Date.	