



*We consider applicants for all positions without regard to age, ancestry, citizenship, color, creed, marital or domestic partner status, national origin, political affiliation, pregnancy (including childbirth, breastfeeding or related medical conditions), race, religion (including belief, observance or practice, including grooming and dress), sex, gender (including transgender, gender identity and gender expression), sexual orientation, military or veteran status, disability, genetic information, medical condition or any other consideration protected by federal, state or local law, ordinance or regulation.*

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

**PERSONAL INFORMATION:**

Today's Date: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ (Cell / Message): \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

All Names Used in the Past: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_  
Street City State Zip

Are You Currently Employed?  Yes  No If yes, may we contact your present employer?  Yes  No

**How did you learn about us? (please be specific)**

- Newspaper/publication \_\_\_\_\_
- Internet posting \_\_\_\_\_
- Job Fair \_\_\_\_\_
- TLCS employee: Name \_\_\_\_\_
- Friend/Relative \_\_\_\_\_
- TLCS website (tlcssac.org)
- Outreach event \_\_\_\_\_
- Other \_\_\_\_\_

Have you been employed by TLCS before?  Yes  No

If yes, give dates/position \_\_\_\_\_

Do you have any relatives currently employed at TLCS?  Yes  No

If yes, please give their names \_\_\_\_\_

Are you at least 18 years old?  Yes  No Have you ever resided out of California after age 18?  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the U.S.?  
 Yes  No

	High School				Undergraduate College/University				Graduate/Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree/Certificate												
Described Course of Study												
Describe any specialized training, apprenticeship, skills or extra-curricular activities that are relevant to the job for which you are applying.												
Describe any honors, scholarships, appointments or awards that you have received.												
State any additional information you feel may be helpful to us in considering your application.												

**Computer Skills:**  MS Word  Excel  Access  MS Outlook (email)

Other; specify \_\_\_\_\_

Indicate any languages you can speak, read and/or write ( <b>other than English</b> )			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

U.S. Military or Naval Service?  Yes  No Rank: \_\_\_\_\_

List any job-related skills that you learned while in the U.S. Military or Naval Service:

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If hired, would you have a reliable means of transportation to and from work?  Yes  No

Almost all positions at TLCS require driving as a part of the job requirement. If so, will you be able to furnish us with verification of vehicle insurance as required by CA state law?  Yes  No

Driver's License Information:

State: \_\_\_\_\_

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Restrictions or Suspensions (respond fully):

\_\_\_\_\_  
\_\_\_\_\_

Do you have at least 3 years of driving experience?

Yes  No

In the past three (3) years, have you had any:

At-Fault Accidents:  Yes  No If yes, how many? \_\_\_\_\_

Minor Moving Violation:  Yes  No If yes, how many? \_\_\_\_\_

Non-Moving Violations (such as Failure to Appear, Unlicensed Driver, or No Proof of Insurance/Registration):

Yes  No If yes, how many? \_\_\_\_\_

In the past four (4) years, have you had any:

Major Moving Violations (such as Driving while Suspended/Revoked, Exhibition of Speed, Reckless Driving, Driving Under the Influence, Vehicular Manslaughter, Leaving the Scene of an Accident, etc.):

Yes  No If yes, how many? \_\_\_\_\_

(Note: All individuals who work for TLCS\* are required to undergo a Motor Vehicle Record (MVR) check through the Department of Motor Vehicles (DMV) and will have to be cleared by our insurance company. All driving records must meet/continue to meet the underwriting standards established by our insurance company.)

Have you been convicted of a criminal offense (felony or misdemeanor)? (Convictions will not necessarily disqualify an applicant from employment.) **Please do not include any offense that was expunged, part of a juvenile record or did not result in a criminal conviction. You may also omit any convictions for the possession of marijuana that are more than two (2) years old (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis), and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.**

Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction 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.)

(Note: All individuals who work for TLCS are required to undergo a fingerprint/background check.)

**EMPLOYMENT HISTORY:**

**Start with your present or last job. FILL OUT COMPLETELY; DO NOT STATE "SEE RESUME."** Include any job-related military service assignments and volunteer activities (you may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status).

<b>1. Employer:</b>	<b>Job Title:</b>	
	<b>Dates Employed:</b>	
	<b>From:</b>	<b>To:</b>
Address:	<b>Hourly Rate/ or Salary:</b>	
	Starting: \$ _____	Ending: \$ _____
Telephone Number(s):	Work Performed: _____	
Supervisor:	_____	
Reason for Leaving:		
	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other	
<b>2. Employer:</b>	<b>Job Title:</b>	
	<b>Dates Employed:</b>	
	<b>From:</b>	<b>To:</b>
Address:	<b>Hourly Rate/ or Salary:</b>	
	Starting: \$ _____	Ending: \$ _____
Telephone Number(s):	Work Performed: _____	
Supervisor:	_____	
Reason for Leaving:		
	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other	
<b>3. Employer:</b>	<b>Job Title:</b>	
	<b>Dates Employed</b>	
	<b>From:</b>	<b>To:</b>
Address:	<b>Hourly Rate/ or Salary</b>	
	Starting: \$ _____	Ending: \$ _____
Telephone Number(s):	Work Performed: _____	
Supervisor:	_____	
Reason for Leaving:		

Continued.....

<b>4. Employer:</b>	<b>Job Title:</b>	
	<b>Dates Employed:</b>	
	<b>From:</b>	<b>To:</b>
Address:	<b>Hourly Rate/ or Salary</b>	
	Starting: \$ _____	Ending: \$ _____
Telephone Number(s)	Work Performed: _____ _____	
Supervisor:		
Reason for Leaving:		
	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other	
<b>5. Employer</b>	<b>Job Title:</b>	
	<b>Dates Employed:</b>	
	<b>From:</b>	<b>To:</b>
Address:	Hourly Rate/ or Salary	
	Starting:	Ending:
Telephone Number(s):	Work Performed: _____ _____	
Supervisor:		
Reason for Leaving:		
	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other	

**Did you receive written performance evaluations from any of your prior employers?**

Yes     No    If yes, which ones? \_\_\_\_\_

**Have you been *discharged* from any positions?**

Yes     No    Explain positions and reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explain any gaps in your employment history. (Do not provide detailed information about any physical or psychiatric disabilities or other medical information.)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three (3) professional references: (NOTE: Reference checks will be made for potential candidates)

Name/Title	Name & Address of Company	Phone	Years Known

**Please Read Carefully, Initial Each Paragraph and Sign Below:**

\_\_\_\_\_ 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 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.

\_\_\_\_\_ I hereby authorize TLCS, Inc. to thoroughly investigate my 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 company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release TLCS, my 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 nothing contained in this application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and TLCS, Inc. In addition, I understand that employment at TLCS is at-will. This means that either the employee or TLCS can terminate the employment relationship at any time, with or without notice and with or without cause. The at-will nature of the employment relationship can only be altered by a written agreement signed by both the employee and Executive Director of TLCS.

\_\_\_\_\_ I am aware that consumer and motor vehicle reports may be obtained as part of TLCS' evaluation of my job application and/or employment. The reports may be procured by TLCS or its insurance carrier/broker representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

\_\_\_\_\_ By signing this application form, I hereby provide my authorization for TLCS or their insurance carrier/broker representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

\_\_\_\_\_ In the event of my employment, I understand that I am required to abide by all rules and regulations as established in TLCS Inc.'s current policies. I understand that under federal law, I must submit satisfactory proof of employment authorization and identity in the form of required I-9 documentation, or I may be denied employment until I can produce such documentation.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

**Affirmative Action Questionnaire**

Applicants who wish to volunteer the following information are requested to do so. This information will assist us in determining whether or not we are attracting applicants in proportion to the sex, race and ethnic makeup of the population.

It will be helpful to us if you will complete this questionnaire and return it with your application. This information will be kept strictly confidential and will **not** be used when making final hiring decisions.

It is the policy of TLCS, Inc. to provide equal opportunity for employment and volunteer participation on the basis of merit and without regard to age, ancestry, citizenship, color, creed, marital or domestic partner status, national origin, political affiliation, pregnancy (including childbirth, breastfeeding or related medical conditions), race, religion (including belief, observance or practice, including grooming and dress), sex, gender (including transgender, gender identity and gender expression), sexual orientation, military or veteran status, disability, genetic information, medical condition or any other consideration protected by federal, state or local law, ordinance or regulation.

Gender: Female\_\_\_\_ Male\_\_\_\_\_ Transgender\_\_\_\_\_ Other\_\_\_\_\_

**ETHNIC IDENTITY (check one):**

- \_\_\_\_ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- \_\_\_\_ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- \_\_\_\_ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa.
- \_\_\_\_ **Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- \_\_\_\_ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- \_\_\_\_ **Native American or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- \_\_\_\_ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- \_\_\_\_ **Decline to State** - (Should you choose this option, by law we are required to report you as White).

\_\_\_\_\_  
Name – Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**THANK YOU VERY MUCH FOR YOUR COOPERATION!!**