



APPLICATION FOR EMPLOYMENT

Human Resources
180 Clarke Street, Bishop, CA 93514

P (760) 873-8557

F (760) 874-1190



snelligan@imaca.net

Position:

Date:

Equal Opportunity Employer

LAST NAME			FIRST	MIDDLE INITIAL	MAIDEN NAME	
PHYSICAL ADDRESS		Number	Street	City	State	Zip Code
MAILING ADDRESS (if different)				Email (optional):		
CITY/TOWN	STATE	ZIP CODE	TELEPHONE Home/Mobile			

Are you at least 18 years old? <i>(If under 18, employment is subject to the required verification of your eligibility to work)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been employed with us before? If yes, give date _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do any of your friends or relatives work for IMACA? If yes, state name, relationship and location _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.? <i>(Proof of Citizen or immigration status will be required upon employment)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work:	Full time <input type="checkbox"/>	Part-time <input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you travel, if the job requires it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EDUCATION

SCHOOL	Course of Study	Years Completed	Diploma / Degree
High School Name Address (City, State)			
Undergraduate College Address (City, State)			
Graduate/Professional Address (City, State)			
Other (Specify) Address (City, State)			

For more information about Inyo Mono Advocates for Community Action, Inc., visit us online at

www.imaca.net



WORK EXPERIENCE

Start with current or most recent job. 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.

Employer				
Address		City	State	Zip Code
Telephone Number		Job Title		
Supervisor		Reason for Leaving		
Dates Employed		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
From	To			
Work Performed				

Employer				
Address		City	State	Zip Code
Telephone Number		Job Title		
Supervisor		Reason for Leaving		
Dates Employed		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
From	To			
Work Performed				

Employer				
Address		City	State	Zip Code
Telephone Number		Job Title		
Supervisor		Reason for Leaving		
Dates Employed		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
From	To			
Work Performed				

Comments: Include explanations of any gaps of employment.

Describe any specialized training, education, apprenticeship, skills and extra-curricular activities.

(Include both formal and non-formal)

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and office held.

(You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability or other protected status.)

Additional Information/Qualifications/Permits.

(Summarize special job-related skills and qualifications or permits acquired from employment or other experience.)

Do you have a valid driver license now? If Yes No
"Yes," what class? C (reg) Commercial Operators

SPECIALIZED SKILLS (Skills/Equipment operated)

<input type="checkbox"/> Spreadsheets	<input type="checkbox"/> Copier	<input type="checkbox"/> Forklift
<input type="checkbox"/> Word Processing	<input type="checkbox"/> FAX	<input type="checkbox"/> Chainsaw
<input type="checkbox"/> Typewriter		<input type="checkbox"/> Paintsprayer
W PM		
Other (list)		Production/Mobile Machinery (list)
_____		_____
_____		_____

Many of our clients do not speak English. Please identify other languages you speak, write or understand. What language(s)? _____

NOTE TO APPLICANT:
PLEASE ANSWER THIS QUESTION AFTER YOU HAVE SEEN THE POSITION DESCRIPTION OF THE JOB FOR WHICH YOU ARE APPLYING.
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved will be found in the Position Description.
Yes No

**AUTHORIZATION TO CHECK REFERENCES****APPLICANT: PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:**

- Initial 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 with IMACA shall be grounds for rejection of my application or for immediate discharge if I am already employed with IMACA, regardless of the elapsed time before discovery.
- Initial I hereby authorize IMACA 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 IMACA 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 IMACA, my former employers and all other persons, or 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.
- Initial I hereby submit to binding arbitration all disputes and claims arising out of the submission of application for employment with IMACA. I further agree, in the event that I am hired by IMACA, that all disputes that cannot be resolved by informal internal resolutions which might arise out of my employment with IMACA, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regards to dispute resolution, either oral or written.
- Initial I understand that nothing contained in my application, or conveyed during any interview which may be granted or during my employment, if hired by IMACA, is intended to create an employment contract between IMACA and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or IMACA, and that no promises or representations contrary to the foregoing are binding on IMACA unless made in writing and signed by myself and an authorized executive of IMACA.

I certify that answers given herein are true and complete and I authorize investigation of all statements contained in this application for employment as may be necessary at an employment decision. (Initial here)

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY!