



AIR FORCE VILLAGE WEST, INC.
17050 Arnold Drive, Riverside CA 92518

Logged

APPLICATION FOR EMPLOYMENT

AFVW is an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including, race, color, age, sex, religion or disability.

POSITION APPLIED FOR: DEPARTMENT: TODAY'S DATE:

LAST NAME: FIRST NAME: MIDDLE INITIAL:

STREET ADDRESS: APT. NO: CITY: STATE: ZIP CODE:

TELEPHONE NO: SOCIAL SECURITY NO. (Optional):

Have you ever been employed by AFVW? YES NO
If yes, give dates of employment and position held:

Do you have any relatives working for AFVW? YES NO
If yes, list name and department:

What hours are you available to work?

Will you accept? (Check if yes) Full time Part time Temporary On Call

Date of availability: Salary desired? \$

Are you 18 years of age or older: YES NO

If hired, can you present evidence of your legal right to work in the U. S.? YES NO

COMPLETE THIS LINE ONLY IF REQUIRED FOR THE POSITION APPLIED FOR:

Do you possess a valid driver's license? YES NO

AFVW is licensed through the State of California, Department of Social Services, Community Care Licensing.
All AFVW employees are required to submit to a fingerprint background check through the Department of Justice.

Please answer the following:

Have you ever been convicted of a crime: (exclude minor traffic violations) YES NO

If yes, state the circumstances (no applicant will be denied employment solely on the grounds of a "yes" answer, the nature and relevance of the offense to the position applied for will be considered):

Please list 2 personal references.

Name	Phone
1.	
2.	

EDUCATION

Colleges attended: Name and location	Dates attended: from to	Major	Type of Degree received
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Other courses and training:

List any additional skills or abilities you possess or machines and equipment you can operate:

EMPLOYMENT HISTORY

List work record for the past 10 years, including self-employment, with your most recent experience first

From (mo/yr)	Title or position held:	Employers name:	Name of supervisor:
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To (mo/yr)	Employers address:	Telephone:
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Total (yrs/mo)	Primary duties:
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Salary:

Reason for leaving:

From (mo/yr)	Title or position held:	Employers name:	Name of supervisor:
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To (mo/yr)	Employers address:	Telephone:
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Total (yrs/mo)	Primary duties:
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Salary:

Reason for leaving:

From (mo/yr)	Title or position held:	Employers name:	Name of supervisor:
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To (mo/yr)	Employers address:	Telephone:
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Total (yrs/mo)	Primary duties:
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Salary:

Reason for leaving:

AUTHORIZATION "I understand that falsification, omission, or misstatement of information may result in refusal to hire or be hired, dismissal from employment." "I hereby authorize AFVW to contact prior employers to obtain any and all information related to my past work performance." "I understand that if I am employed by AFVW, my employment may be terminated at any time with or without cause and with or without notice at the option of the company." "I understand this application will remain active for no more than 90 days." I have reviewed and understand this document in its entirety.

Date: _____ Signature: _____

**AIR FORCE VILLAGE WEST
AUTHORIZATION TO RELEASE INFORMATION**

I, _____ hereby authorize Air Force Village West to receive information from you regarding my previous and current employment.

I release you from all liability for any damages resulting from the issuing of this information.

This release is being authorized to provide Air Force Village West information necessary to evaluate me for possible employment.

I, _____ verify that I have read, understand and consent to the foregoing.

Print Name

Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY DATA

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported on the EEO-1 Report, data will not identify any specific individual.

Please Print

Name: _____ Position Applying for: _____

Male Female

Please answer the following question(s) regarding ethnicity/race:

Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

Yes No

If you answered "Yes" to the above question, please turn in the form, you do not need to answer the next question. If you answered "No" to the above question, please answer the next question.

Please identify your 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 Other 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.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South American (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.

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