



AIR FORCE VILLAGE WEST

Employment Application

An Equal Employment Opportunity Employer

PERSONAL INFORMATION

Last Name	First Name, Middle Initial	Today's Date
Street Address		City, Zip
Telephone Number/Cell Phone Number (s) ()) ())		Email
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT

Positions Applying for (Please list name of position and department in order of preference)

1. _____ 2. _____ 3. _____

The following conditions may be required at some point in a job assignment. If required, would you be willing to work:

- A. A schedule other than Monday through Friday? Yes No
 B. Rotational work schedule? Yes No

Please indicate your availability below: (if you have open availability, please indicate OPEN; if you have limited hours of availability, please indicate hours available; if you are not available on a certain day, please indicate N/A)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you able to perform the essential functions of the job for which you are applying? Yes No

If No, describe the function that cannot be performed: _____

Will you accept: Full Time Part Time On-Call/Per Diem

Salary desired: \$ _____ Date of availability: _____

Have you ever been employed by Air Force Village West? Yes No If yes, when and what position?

How were you referred to Air Force Village West? _____

Do you have any relatives or a spouse working at Air Force Village West? Yes No If Yes, please provide their name: _____

Do you possess a current, valid California Drivers License? Yes No If Yes, please provide DL number and expiration date: _____

EDUCATION AND TRAINING

Type of School	Name and Address of School	Years Completed	Graduated		Type of Degree or Certificate	Major/Minor Field of Study
			Yes	No		
High School						
College or University						
Other						

List language (s) spoken, read and written fluently.

SECURITY INFORMATION

Have you ever been convicted of a criminal offense? Yes No If yes, state the nature of the crime (s), when and where convicted and status of case: _____

(Note: **A CONVICTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.** Exclude from your response minor traffic violations. AFVW may, however, consider the nature, the date and circumstances of the offenses as well as whether the offense is relevant to the duties of the job applied for.)

EMPLOYMENT INFORMATION

Please list last 10 years of employment.

Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Reason for Leaving	Duties
Name	From	Start \$	Position	
Address	To	Final \$	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone ()	Supervisor		Reason for Leaving	
Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Reason for Leaving	Duties
Name	From	Start \$	Position	
Address	To	Final \$	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone ()	Supervisor		Reason for Leaving	

Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Reason for Leaving	Duties
Name	From	Start \$	Position	
Address	To	Final \$	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone ()	Supervisor		Reason for Leaving	

PERSONAL REFERENCES

Name	Phone Number	Relation	How Long Known?
1.			
2.			
3.			

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I authorize AFVW to investigate all statements in this application and secure any relevant information from the persons listed. I also authorize the employers, schools, or persons above to provide information on my employment, education, character and qualifications, and hereby release them from all liability. I further understand and agree that:

- A. This application is correct and complete to the best of my knowledge and belief. Any material misrepresentation or deliberate omission of a fact in this application may be justification for refusal of employment, or if employed, termination from AFVW.
- B. I understand and accept that my schedule may vary depending on necessity or department as conditions of employment.
- C. This is an application and not an employment contract. All employment is at will and can be terminated at any time by an employee or AFVW, with or without notice, with or without cause.
- D. This application is current for only 6 months. At the conclusion of this time, if you have not heard from AFVW and still wish to be considered for employment, it will be necessary to fill out a new application.
- E. All offers of employment at AFVW are contingent on the successful completion of a physical, fingerprint, and drug/alcohol test. If a test result is positive, no further consideration will be given to the applicant.
- F. All new hires must provide proof of identity and legal authorization to work in the United States within the timeframe required by Federal Law.

Signature of Applicant

Date

**AUTHORIZATION AND RELEASE FORM
FOR POST-OFFER/PRE-EMPLOYMENT PHYSICAL AND
DRUG AND ALCOHOL TESTING**

I, _____ (Applicant), do hereby agree to submit to one or more blood tests, physical examinations, urinalysis, lifting test, and drug/alcohol screening test procedures to be conducted by Central Occupational Medicine Providers, (Hereinafter referred to as "Testing Agency"). These testing procedures are to be used to provide the prospective employer with medical information regarding the presence of drugs and/or alcohol in my body and to determine my physical suitability for employment with the prospective employer. I hereby authorize the Testing Agency to disclose such information to the Human Resources Department of AFVW. The persons authorized to receive it only for the purpose of determining suitability for employment with the AFVW shall use such medical information.

I also hereby totally release any person or entity providing information pursuant to this authorization the employer, from any claims, or liabilities, whatsoever which in any way arise of or are associated with the release of this information.

I have carefully read and fully understand the contents of the "Authorizations and Release."

Applicants Name (Printed)

Signature

Date

PLEASE READ CAREFULLY
APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In pursuit of excellence in our employees, we require as a condition of our employment recommendation, that all applicants consent to and authorize a Department of Justice and FBI background check.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that AFVW may now, or at any time while I am employed, obtain any of the following: a physical examination by a designated professional; my urine specimen to be tested for the presence of drugs or alcohol; any criminal or civil court records pertaining to me from any federal, state or local court or justice agency in any state or country; interview my previous AFVWs or other sources for my work history; contact my personal references; verify my education, professional licenses, professional liability insurance, credit history, and/or motor vehicle driving records, administer tests of skills, or other job-related matters; obtain workers compensation records and/or any other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility, in accordance with the employment policies of AFVW.

I have read and understand this release and consent, and I authorize the background check. I authorize all persons, employers, schools, courts, agencies and institutions to provide AFVW with all information that may be requested, and I hereby release all persons and organizations providing such information from any and all claims and damages connected with the release of any requested information. I agree that any copy hereof is as valid as the original.

I do hereby agree to forever release and discharge AFVW and their associated to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses and/or charge or complaint arising from the retrieving and reporting of information.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this application authorization and consent for release of information is not an offer of employment by AFVW or a contract for employment with AFVW.

APPLICANT:

Name (Printed)

Signature

Today's 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.