

# Capitol Area Development Authority

## Employment Application

Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: HM: \_\_\_\_\_ WK: \_\_\_\_\_

**Driver's License Information** (Provide only if required for position)

License (i.e. California): \_\_\_\_\_ Class: \_\_\_\_\_

D.L. Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Note: Suspension or revocation of a driver's license is not in and of itself necessarily a bar to employment with CADA.

Has your Driver's License ever been revoked or suspended?  
☐ Yes ☐ No

If you answered 'Yes', list all offenses giving date, location, nature and disposition for each:

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

Have you ever been known by another name? ☐ Yes ☐ No

If 'Yes', give complete names: \_\_\_\_\_  
\_\_\_\_\_

### General Information

Please indicate if you need special testing arrangements  
☐ Yes ☐ No If 'Yes' please describe the accommodation needed:  
\_\_\_\_\_  
\_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

☐ Yes ☐ No

Have you ever been employed by CADA? ☐ Yes ☐ No

From: \_\_\_\_\_ To \_\_\_\_\_

Any relatives employed by CADA? ☐ Yes ☐ No

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

**Convictions:** Conviction of a crime will not necessarily disqualify an applicant from employment. Each case is considered separately based on job requirements.

Have you ever been convicted by any court of any offense? (Omit minor traffic violations with fines of \$75.00 or less, any offense committed prior to your 18<sup>th</sup> birthday which was finally adjudicated in Juvenile Court or under a youth offender law, or any incident sealed under Welfare & Institution Code 781, Penal Code 1203.45 or Health and safety Code 11361.7)

☐ Yes ☐ No

If 'Yes', state the offense, when the offense occurred, where it occurred, and the disposition of the case(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education and Training

If you are selected for the position applied for, you will be asked to submit proof of any college degrees listed.

High School Graduate? ☐ Yes ☐ No

Passed High School Equivalency Test (if applicable) ☐ Yes ☐ No

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

### College or University

Name and Location of College or University

Semesters Completed

Units

Degree

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

Business, Correspondence, Trade or Service Schools attended:

School and Location

Course of Study

Length of Training or Hours

School and Location

Course of Study

Length of Training or Hours

If the position for which you are applying for has specific skills or course requirements indicated in the announcement, please list your related skills, valid professional certifications (with dates of completion), memberships in professional associations, or vocational classes:

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

### All Applicants (for Fidelity Bonds):

Have you ever been bonded? ☐ Yes ☐ No If yes, give details: \_\_\_\_\_

Have you ever been denied a bond? ☐ Yes ☐ No If yes, give details: \_\_\_\_\_

Are you presently bondable? ☐ Yes ☐ No ☐ Don't Know

### Work Experience

Only completed applications are accepted. Begin with your most recent experience. List all jobs separately. Use an additional sheet if necessary.

From: _____ Month/Day/Year	Title of Position: _____ Duties: _____ _____	Name of Firm: _____ _____
To: _____ Month/Day/Year	_____	Address: _____ _____
Salary: _____ Hourly: _____ Number of People Supervised _____ This Job was: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Reason For Leaving: _____ _____	Telephone: _____ Name of Supervisor: _____

From: _____ Month/Day/Year	Title of Position: _____ Duties: _____ _____	Name of Firm: _____ _____
To: _____ Month/Day/Year	_____	Address: _____ _____
Salary: _____ Hourly: _____ Number of People Supervised _____ This Job was: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Reason For Leaving: _____ _____	Telephone: _____ Name of Supervisor: _____

From: _____ Month/Day/Year	Title of Position: _____ Duties: _____ _____	Name of Firm: _____ _____
To: _____ Month/Day/Year	_____	Address: _____ _____
Salary: _____ Hourly: _____ Number of People Supervised _____ This Job was: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Reason For Leaving: _____ _____	Telephone: _____ Name of Supervisor: _____

### Clerical Applicants Only:

Typing Speed: \_\_\_\_\_ Short Hand Speed: \_\_\_\_\_

Other Business Machines: \_\_\_\_\_  
\_\_\_\_\_

Additional Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Maintenance Applicants Only:

I certify that I have a Contractor's License for following categories:

License Number: \_\_\_\_\_ Valid until: \_\_\_\_\_

Do you have your own tools? ☐ Yes ☐ No

List all skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else that we should take into consideration? \_\_\_\_\_  
\_\_\_\_\_

### Important Notice to All Applicants:

*Go back and review this application. Make sure that all questions are answered completely. Only completed applications will be considered.*

**Applicant Certification:** I hereby certify that all statements made on this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my disqualification from further consideration for employment with Capitol Area Development Authority, or dismissal from such employment, if discovered at a later date.

I hereby authorize Capitol Area Development Authority to investigate my references, work record, education, credit history or any matters relating to my suitability for employment. I authorize my former or current employers and educational institutions to release any information they may have concerning my employment or education to Capitol Area Development Authority.

I specifically authorize Capitol Area Development Authority to use my Driver's License information (if required as part of this application) to conduct a driving record check with the Department of Motor Vehicles. I further give Capitol Area Development Authority the right to secure additional information from any source as necessary, including, but not limited to, a criminal history record check. I release any and all sources of information from any liability for providing this information.

I understand that neither this document nor any offer of employment from Capitol Area Development Authority constitute an employment contract unless a specific document to that effect is executed by both the authorized management employee and me in writing. I understand that if I am hired, either Capitol Area Development Authority or I may terminate employment at-will for any reason, or for no reason at all.

\_\_\_\_\_  
Signature of Applicant

C:\Documents and Settings\kkoehn\Desktop\application.doc

\_\_\_\_\_  
Date



# Capitol Area Development Authority

## Applicant Survey

The California Code of Regulations requires that CADA maintain data regarding the race and gender of each applicant. Providing this information is voluntary and will be kept confidential. Choosing not to complete this form will not affect your opportunity for employment with CADA.

If you choose to complete this form, it will not be included with your application.

Recruitment for: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Phone: HM: \_\_\_\_\_ WK: \_\_\_\_\_

### Race/Ethnicity (please check one)

- ☐ American Indian/Alaskan Native
- ☐ Black/African American (Not of Hispanic Origin)
- ☐ Mexican/Mexican American
- ☐ Other Spanish/Spanish American
- ☐ Chinese/Chinese American
- ☐ East Indian/Pakistani
- ☐ Filipino/Pilipino
- ☐ Japanese/Japanese American
- ☐ Other Asian (Including the Far East, Southeast Asia or Pacific Islands, Samoa)
- ☐ White/Caucasian (Including the Middle East)

### Gender

- ☐ Female
- ☐ Male