



Capitol Area Development Authority
Human Resources
1522 14th Street, Sacramento, CA 95814
(916) 322-2114

For HR USE ONLY

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Position Applied for:	Date of application:
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APPLICANT INFORMATION	Name _____			
	Last	First	Middle	
	Address _____			
	Street	City	State	Zip Code
	Telephone # _____	Mobile Phone # _____	Email _____	
	If you are under 18 can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, please explain. _____			
	Have you ever been employed by CADA before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are you a CalPERS member? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a CalPERS retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are you a citizen of the United States or authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to a current CADA employee? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Driver's License number : _____ State _____				
Has your Driver's License ever been suspended or revoked? If yes, why? _____				

EDUCATION	NAME OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
	HIGH SCHOOL				
	COLLEGE		MAJOR	DEGREE	
	OTHER				

REFERENCES	NAME	TELEPHONE	YEARS KNOWN

Provide the following information for your past four (4) employers starting with the most recent.

PREVIOUS EMPLOYMENT	FROM	TO	EMPLOYER	TELEPHONE
	JOB TITLE		ADDRESS	
	IMMEDIATE SUPERVISOR AND TITLE		JOB RESPONSIBILITIES	
	REASON FOR LEAVING			
	FROM	TO	EMPLOYER	TELEPHONE
	JOB TITLE		ADDRESS	
	IMMEDIATE SUPERVISOR AND TITLE		JOB RESPONSIBILITIES	
	REASON FOR LEAVING			
	FROM	TO	EMPLOYER	TELEPHONE
	JOB TITLE		ADDRESS	
	IMMEDIATE SUPERVISOR AND TITLE		JOB RESPONSIBILITIES	
	REASON FOR LEAVING			
	FROM	TO	EMPLOYER	TELEPHONE
	JOB TITLE		ADDRESS	
	IMMEDIATE SUPERVISOR AND TITLE		JOB RESPONSIBILITIES	
	REASON FOR LEAVING			

	Disclaimer and Signature	
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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 acknowledge that I have read the job announcement for the recruitment and understand that my application form must demonstrate that I meet the minimum qualifications for the job I am applying for; and, if the announcement requires any attachments or additional information, it is my responsibility to provide them by the deadline.

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, 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 release any and all sources of information from any liability for providing this information.

If my contact information changes after I submit my application, it is my responsibility to notify the Human Resources office

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. CADA is An Equal Opportunity Employer

Signature: _____ **Date:** _____