



**Union of Pan Asian Communities (UPAC)**

1031 25th Street, San Diego, CA 92102  
 Ph. (619) 232-6454 Fax (619) 235-9002

**Application for Employment**

**AN EQUAL OPPORTUNITY EMPLOYER**

All employment decisions are made without regard to unlawful considerations of race, sex, sexual orientation, gender identity, religion, national origin, age, disability, or any other legally protected status. Please notify us of any needed accommodation to participate in the application process.

**PLEASE ANSWER ALL QUESTIONS.** Resumes are not accepted in lieu of a completed application form. Date: \_\_\_\_\_

<b>NAME</b>	First	Middle	Last	<b>PHONE:</b>
PRESENT ADDRESS: HOW LONG? _____				<b>E-MAIL:</b>
Street: _____ City: _____ State: _____ Zip Code: _____				
Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you will be required to submit a work permit or proof of graduation from high school or the equivalent, if hired.			If hired, can you provide proof that you are a citizen or national of the United States of America, a lawful permanent resident or an alien authorized to work for UPAC in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of employment authorization status will be required if you are hired.)	
List other names by which you may be known in government, education or work records: _____ _____				
Have you applied to or worked for UPAC before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the date you left and the reason for leaving:			Do you have any friends or relatives working for or providing services to UPAC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give names/relationship: _____	
Have you ever been discharged or asked to resign from a prior employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			If hired, do you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT DESIRED**

Position desired:	Date you can start, if offered employment:	Compensation desired:
Are you applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Hours and days available:
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>( Human Resources will provide a description of the essential functions of the position .)</small>		
If required, are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about the position that you are applying for?  <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Employee Please provide name: _____		

**WORK HISTORY (Please fill out completely, even if accompanied by resume)**

List most recent work experience (paid or unpaid) first. Account for all time and complete all items.

Company Name:	Telephone (    )	<b>DATES EMPLOYED</b>	
Address: Street	City	State	Zip Code
		From Mo/Yr.	To Mo/Yr.
Your Title and Description of Work Performed:			
Supervisor:		May we contact this employer for reference?	
Reason for Leaving:		___ Yes    ___ No	
Company Name:	Telephone (    )	<b>DATES EMPLOYED</b>	
Address: Street	City	State	Zip Code
		From Mo/Yr.	To Mo/Yr.
Your Title and Description of Work Performed:			
Supervisor:		May we contact this employer for reference?	
Reason for Leaving:		___ Yes    ___ No	
Company Name:	Telephone (    )	<b>DATES EMPLOYED</b>	
Address: Street	City	State	Zip Code
		From Mo/Yr.	To Mo/Yr.
Your Title and Description of Work Performed:			
Supervisor:		May we contact this employer for reference?	
Reason for Leaving:		___ Yes    ___ No	
Company Name:	Telephone (    )	<b>DATES EMPLOYED</b>	
Address: Street	City	State	Zip Code
		From Mo/Yr.	To Mo/Yr.
Your Title and Description of Work Performed:			
Supervisor:		May we contact this employer for reference?	
Reason for Leaving:		___ Yes    ___ No	

You may attach a sheet, if necessary, to provide further information regarding your work history.

**CRIMINAL RECORD HISTORY**

Have you ever been convicted of a crime? (Please note: UPAC is required by State and County Regulations to check the criminal background of candidates who are being considered for employment with our organization)

(Do not respond concerning the following: arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.)

Yes  No

If yes, what was (were) the offense(s)? \_\_\_\_\_

Date(s) and place(s) of conviction \_\_\_\_\_

A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense and any rehabilitation will be considered.

**DRIVING RECORD**

Many of our positions require driving a company or personal vehicle on UPAC business. Traffic violations will not necessarily be a bar to employment. Factors such as the number and type of violations, how long ago the violations occurred and the position for which the applicant is applying will be considered when making a decision.

Do you have a valid California Driver's License?  Yes  No

Have you had a Major Moving Violation in the last 5 years? (A Major Moving Violation includes but is not limited to a DUI, Hit and Run, Vehicular Manslaughter, etc.)  Yes  No

If yes, what was (were) the offense(s)? \_\_\_\_\_

Please list any other traffic violations (except parking) and any accidents for which you were responsible that are on your record for the last 4 years:

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

**EDUCATION**

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	LIST DEGREES	GRADUATED? Yes/No
High School				
Jr. College or College				
University				
Technical or Vocational School				

**SPECIAL SKILLS**

Many of our clients do not speak English. Do you speak, write or understand any foreign language(s)?  Yes  No If yes, which languages(s)? \_\_\_\_\_

Do you have any special skills, qualifications, training or experiences that make you especially suited for the job for which you are applying? If so, explain: \_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions only if you are applying for a professional position:**

Are you licensed/certified for the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of License(s)/Certification(s):		
Issuing state(s): _____	License/Certification number(s): _____	Expiration date(s): _____
Has your License(s)/Certification(s) ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state reason(s), date(s) of revocation or suspension, date(s) of suspension: _____		
(Attach a separate sheet, if necessary, to provide further information)		

**REFERENCES**

Please provide the name and telephone number of three people who would be willing to provide a business reference.

	NAME	PHONE	RELATIONSHIP	YEARS ACQUAINTED
1.				
2.				
3.				

**EMPLOYMENT CERTIFICATION AND RELEASE (Read carefully before signing application)**

I certify that the information given by me in this employment application is true and correct and contains no material omissions of any kind. I understand that any false or misleading statements or material omissions of fact made by me in this employment application or during the interview process may disqualify me from employment or result in my termination should it be discovered at any time after I am employed.

I authorize Union of Pan Asian Communities (UPAC) to investigate my background and fitness for employment, including, but not limited to, an investigation of all the information provided in this employment application. I release UPAC, its employees and agents from any and all liability for failing to hire me or terminating my employment due to such false information or material omissions. I authorize the entities or persons named above to give to UPAC any information regarding my work or educational background, together with any information they may have regarding my qualifications for the job for which I am applying, whether or not it is in their records. I hereby release those entities or persons and their employees and agents from any and all liability resulting from the disclosure of this information.

I also authorize UPAC to obtain a criminal history report and a driving record report to be used for employment purposes in accordance with the California Investigative Consumer Reporting Agencies Act. In addition, for certain positions in certain UPAC programs I understand that I may be subject to a pre-employment drug/alcohol test and/or other medical screening. If I am offered employment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test and other medical questionnaires and tests, such as a TB test. I understand that UPAC will maintain the results of any medical examinations or inquiries, including but not limited to drug screen tests and other medical questionnaires and tests (such as a TB test) in a confidential medical file that is maintained for each applicant and employee as required by the Americans with Disability Act (ADAAA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I ALSO UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT RELATIONSHIP WITH UPAC IS AT-WILL, WHICH MEANS THAT IT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, BY EITHER MYSELF OR UPAC. In addition, if I am hired, UPAC will have the right to impose discipline or alter my position at its discretion. I understand and agree that no representative of UPAC may enter into any agreement contrary to the foregoing unless it is done by way of a specific, written agreement signed by the President and CEO of UPAC.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_