

**CALIFORNIA SELF-DIRECTED SERVICES
EMPLOYMENT APPLICATION**

Referred by _____
Own vehicle? _____
Cell phone/text? _____

CSDS

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PLEASE PRINT OR TYPE

APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number)	(Street)	E-MAIL ADDRESS	WORK TELEPHONE NUMBER
(City)	(County)	(State)	(Zip Code)
POSITION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING			HOME TELEPHONE NUMBER

**PERSONNEL
USE ONLY**

When are you available to start?
What days/times are you available?

ANSWER THE FOLLOWING QUESTIONS:

Enter the county in which you would like to work if different from the county of your residence: _____

- Do you need reasonable accommodation to take an interview or written test? YES NO
- Do your religious beliefs prevent you from working on Saturday? YES NO
- Do you have a job with the State or another employer? (If "YES", fill in below.) YES NO
- City: _____ Subdivision: _____
- Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? (Applicants who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer "Yes".) If "Yes" to Question #5, give details in Item #12. YES NO
- In addition to English, list any other languages you:
 - possess verbal fluency in _____
 - possess written fluency in _____

I certify I can type at a speed of _____ words per minute. (For office or admin. applicants only.)
- Do you meet the minimum and/or maximum age requirements? YES NO
- Do you possess a valid California Driver License? YES NO
- License# _____ Class: _____ Restrictions: _____
- Have you ever been convicted by any court of a misdemeanor crime of theft or violence? YES NO
- Have you ever been convicted by any court of a felony? YES NO
- Has your driver's license ever been suspended or revoked? YES NO

EXPLANATIONS

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with CSDS. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to CSDS.

APPLICANT'S SIGNATURE 	DATE SIGNED
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APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY

FOR HR USE ONLY	
EXPERIENCE	
EDUCATION	

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13. EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED

YES NO YES NO

UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
		SEMESTER	QUARTER		

14. LIST BELOW VALID LICENSES, CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS CALLED FOR IN THIS EXAMINATION ANNOUNCEMENT. *(If you are an attorney, please include first Bar date with license information if the examination announcement requires it.)*

LICENSE/CERTIFICATION NUMBER	DATE ADMITTED TO THE BAR	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION

15. EMPLOYMENT HISTORY— *Begin with your most recent job. List each job separately.*

FROM <i>(M/D/Y)</i>	TO <i>(M/D/Y)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>		
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/AGENCY NAME	SUPERVISOR'S FIRST AND LAST NAME	
SALARY EARNED \$ _____ PER		ADDRESS AND TELEPHONE NUMBER		
DUTIES PERFORMED				

REASON FOR LEAVING AND EXPLAIN ANY GAPS IN EMPLOYMENT

FROM <i>(M/D/Y)</i>	TO <i>(M/D/Y)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>		
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/AGENCY NAME	SUPERVISOR'S FIRST AND LAST NAME	
SALARY EARNED \$ _____ PER		ADDRESS AND TELEPHONE NUMBER		
DUTIES PERFORMED				

REASON FOR LEAVING AND EXPLAIN ANY GAPS IN EMPLOYMENT

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15. EMPLOYMENT HISTORY *(Continued)*

FROM <i>(M/D/Y)</i>	TO <i>(M/D/Y)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/AGENCY NAME	SUPERVISOR'S FIRST AND LAST NAME
SALARY EARNED		ADDRESS AND TELEPHONE NUMBER	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING AND EXPLAIN ANY GAPS IN EMPLOYMENT

FROM <i>(M/D/Y)</i>	TO <i>(M/D/Y)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/AGENCY NAME	SUPERVISOR'S FIRST AND LAST NAME
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

FROM <i>(M/D/Y)</i>	TO <i>(M/D/Y)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/AGENCY NAME	SUPERVISOR'S FIRST AND LAST NAME
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

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15. EMPLOYMENT HISTORY *(Continued)*

FROM <i>(M/D/Y)</i>	TO <i>(M/D/Y)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	SUPERVISOR'S FIRST AND LAST NAME
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/AGENCY NAME	
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING AND EXPLAIN ANY GAPS IN EMPLOYMENT

PROFESSIONAL REFERENCES (NOT ALREADY GIVEN ABOVE)

1. Name, time known, telephone number and contact information:
2. Name, time known, telephone number and contact information:
3. Name, time known, telephone number and contact information:
4. Name, time known, telephone number and contact information:

HR NOTES ON REFERENCES: