



# Employment Application

The filing of this Application does not indicate that there are positions open and it in no way obligates ResCom. The information contained herein is the property of Employer.



It is the policy of ResCom to hire only U.S. citizens and aliens who are authorized to work in this country. As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete an I-9, Employment Eligibility Verification Form. In addition, ResCom is an "E-Verify" participant, and all employment documents provided at the time of hire will be verified through the databases of Social Security and, if applicable, Department of Homeland Security.

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Review (Month/Day/Year)
<b>APPLICANT DATA :</b>	Position Applied for:
How were you referred to us:	

Full name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Mobile/Pager/Other: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Social Security #: - - Salary Requirement: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for this company?  Yes  No If yes, when? \_\_\_\_\_

Do you have any friends, relatives or acquaintances working for the company?  Yes  No

If yes, state name and relationship: \_\_\_\_\_

Are you legally authorized to work in the U.S.?  Yes  No

If you are hired, will you be able to provide documentation to verify that you are authorized to work on a full-time basis for all employers in the United States?  Yes  No

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal

Have you ever pled "guilty," "no contest," or been convicted of a crime?  Yes  No

If yes, give dates and details: \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: \_\_\_\_\_ Issuing State: \_\_\_\_\_

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:**

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**PREVIOUS EMPLOYMENT (begin with most recent position):**

Dates of Employment From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Position(s) Held: \_\_\_\_\_  
Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

Dates of Employment From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Position(s) Held: \_\_\_\_\_  
Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

Dates of Employment From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Position(s) Held: \_\_\_\_\_  
Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

The California Fair Employment and Housing Commission requires employers to obtain from applicants certain information concerning themselves. This form is used to provide each applicant the opportunity to furnish such information voluntarily. All information provided will be used for recordkeeping purposes only. This form will be removed from the application and will not be a factor in any employment decision affecting you.

Please check the appropriate box:

Male

Female

## RACE/ETHNICITY:

**Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican or Central American, or other Spanish culture or origin, regardless of race. **If you checked this box, do not mark any of the boxes below.**

(Otherwise, please designate any of the following that apply (you can chose more than one race or ethnicity if applicable):

**White** (not of Hispanic or Latino origin) – All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa

**Black or African American** (not of Hispanic or Latino origin) – A person having origins in any of the black racial groups of Africa

**Native Hawaiian or other Pacific Islander**(not of Hispanic or Latino origin) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian** (not of Hispanic or Latino origin) – 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 of Hispanic or Latino origin) – A person having origins in any of the original peoples of the North and South American (including Central America), and who maintain tribal affiliation or community attachment.

# This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

## NOTICE:

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**

**Employment Verification.**  **Done.**

For more information on E-Verify, please contact DHS at:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

# Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

**IMPORTANTE:** En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

## A V I S O:

**La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.**

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

**Employment Verification.**  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

**1-888-464-4218**



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# IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



**If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.**

**You should know that –**

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

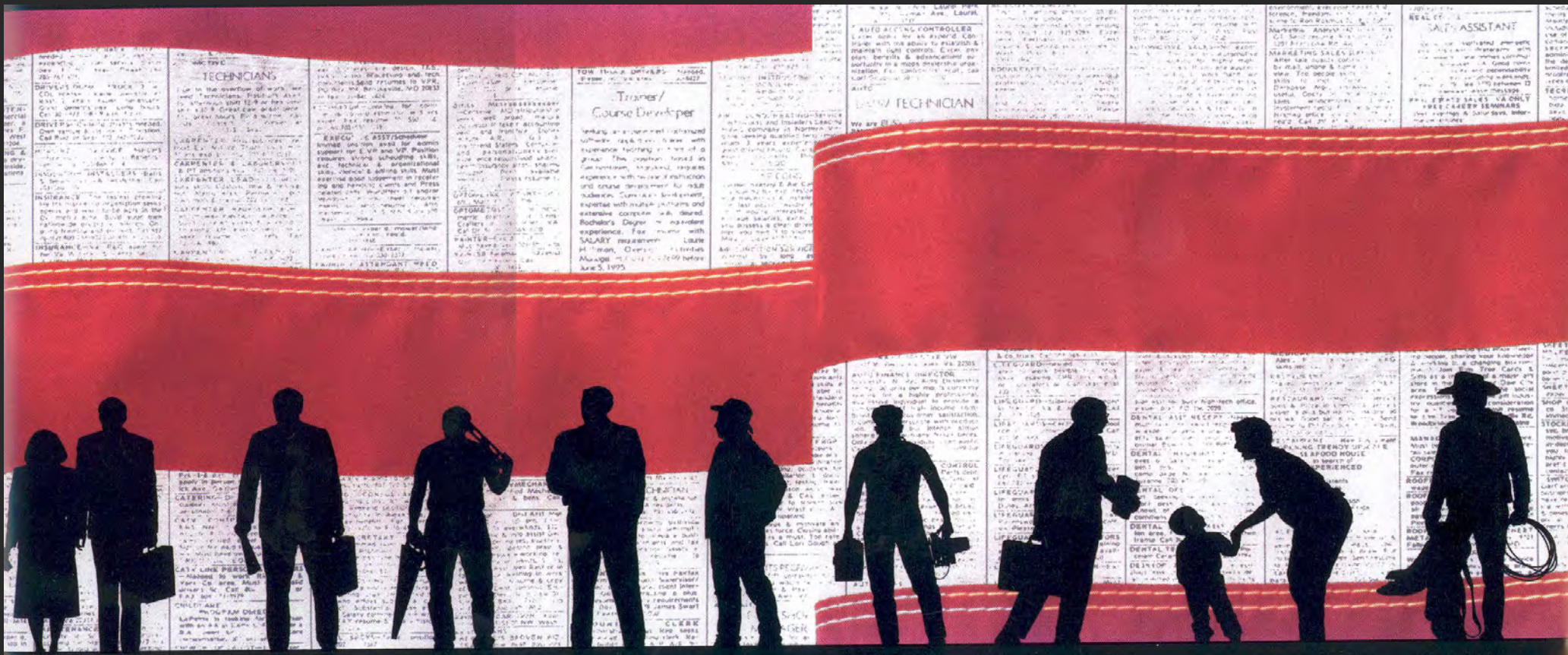
Or write to:  
U.S. Department of Justice  
Office of Special Counsel - NYA  
950 Pennsylvania Ave., N.W.  
Washington, DC 20530

**U.S. Department of Justice  
Civil Rights Division**

Office of Special Counsel for  
Immigration-Related Unfair  
Employment Practices



# SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



**Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.**

**Debe saber que –**  
Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

**Llame al 1-800-255-7688.**

La línea telefónica para personas con problemas de audición, es 1-800-237-2515. En Washington, D.C., llame al **202-616-5594**, o al 202-616-5525 (personas con problemas de audición), o escriba a la Oficina del Consejero Especial, División de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-7728.

**Departamento de Justicia  
De los Estados Unidos,  
División de Derechos Civiles**

Oficina del Consejero Especial

