



## Employment Application

Human Resources  
1900 Mariposa Mall, Suite 121, Fresno, CA 93721  
Phone: 559-263-1070 / Career Line: 559-263-1075  
[www.fresnoeoc.org](http://www.fresnoeoc.org)

*"Helping People, Changing Lives"*

Welcome to Fresno County Economic Opportunities Commission! We are pleased that you are considering applying for a position with our Agency. You can make a difference in your career by joining one of the nation's largest Community Action Agencies. Our programs and services touch people directly and help them make dramatic, positive changes in their lives. You can contribute to the betterment of individuals, families, neighborhoods and communities.

Please read the instructions below regarding completing the attached employment application.

- A separate application must be completed for each position.
- Complete the entire application; only completed applications will be considered.
- On the application include the title of the position and the job number you are applying for. This information may be obtained from the Careers page on our Web site or from our Career Line.
- Applications will not be accepted after the deadline (postmarks will not be accepted).
- Please attach the following document(s) that show you meet the minimum qualifications for the position for which you are applying:
  - Any diplomas, degrees, certificates, and or permits, which you have received and may be required or which you feel are pertinent to this position.
  - Any transcripts, which include units acquired in coursework, administration, and supervision courses, which are applicable to the position for which you are applying.

Your application will be reviewed. If you are selected for an interview, you will be contacted by telephone or letter. Due to the high volume of applications received, we regret that we are unable to respond to every application. If you are considered for a position, you will be contacted.

All current employment opportunities are posted in the Human Resources Office; recorded on our 24-hour career line, 559-263-1075; and posted on our Web site, [www.fresnoeoc.org](http://www.fresnoeoc.org). This information is updated every Wednesday afternoon by 5 p.m.

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**



# FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION APPLICATION FOR EMPLOYMENT

Human Resources  
1900 Mariposa Mall, Suite 121  
Fresno, CA 93721

559.263.1070  
[www.fresnoeoc.org](http://www.fresnoeoc.org)

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

## POSITION AND AVAILABILITY

Position applying for: \_\_\_\_\_ Job # \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  On Call

## APPLICANT INFORMATION

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

Last 4 #'s Social Security No.: \_\_\_\_\_

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

Driver's License No.: (if required for position)  
\_\_\_\_\_

City State Zip Code

State: Expires:

Contact Phone: \_\_\_\_\_

Message Phone: \_\_\_\_\_

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

Can you, after employment, submit verification of your legal right to work in the United States?  No  Yes

Are you over the age of eighteen?  No  Yes

Have you ever worked under or been known by another name?  No  Yes If yes, give name(s) and dates used: \_\_\_\_\_

Have you ever been employed by EOC?  No  Yes If yes, give dates and position(s): \_\_\_\_\_

Do you have relatives employed by EOC?  No  Yes If yes, give name(s) and relationship(s): \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes If yes, explain: \_\_\_\_\_

*Conviction of a felony will not necessarily disqualify you from employment.*

## EDUCATION AND TRAINING

| Name of School              | City and State | Did you graduate | Degree Obtained/Major | Year Degree Received |
|-----------------------------|----------------|------------------|-----------------------|----------------------|
| High School                 |                | Yes/No           |                       |                      |
| College or University       |                | Yes/No           |                       |                      |
| Post Graduate               |                | Yes/No           |                       |                      |
| Other Education or Training |                |                  |                       |                      |

## SKILLS AND KNOWLEDGE

ADDITIONAL INFORMATION (Please list additional skills, education, licenses or certificates that are related to the position for which you are applying. This information will be used to evaluate your qualifications.)

Computer Skills \_\_\_\_\_

Language(s) (if relevant) \_\_\_\_\_

License(s)/Certificate(s) \_\_\_\_\_

Professional Affiliations/Special Qualifications or Achievements. (Relevant to the position applied for) \_\_\_\_\_

Are there any experiences, skills, or training you feel would qualify you for employment with FCEOC? \_\_\_\_\_

What interests you most about working for FCEOC? \_\_\_\_\_

**EMPLOYMENT HISTORY** List present or most recent employer first. Include periods of time for the past ten years, whether employed or unemployed, including volunteer work and active military service. (Attach additional sheet, if necessary). **Do not state "Refer to Resume"**.

|   |              |  |                |
|---|--------------|--|----------------|
| <b>Position Title:</b>  | Employed By: | Employed From:   | To:            |
| Address of Employer:  |              | Starting Salary:   | Ending Salary: |
| Supervisor(s) Name and Phone Number(s):   |              | May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| Specific Job Duties:  |              |  |                |
| Termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Explanation: _____ |              |  |                |

|   |              |  |                |
|---|--------------|--|----------------|
| <b>Position Title:</b>  | Employed By: | Employed From:   | To:            |
| Address of Employer:  |              | Starting Salary:   | Ending Salary: |
| Supervisor(s) Name and Phone Number(s):   |              | May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| Specific Job Duties:  |              |  |                |
| Termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Explanation: _____ |              |  |                |

|   |              |  |                |
|---|--------------|--|----------------|
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| Address of Employer:  |              | Starting Salary:   | Ending Salary: |
| Supervisor(s) Name and Phone Number(s):   |              | May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| Specific Job Duties:  |              |  |                |
| Termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Explanation: _____ |              |  |                |

**REFERENCES**

List the names and addresses of three persons, not relatives, who are familiar with your character, ability or education for more than one year.

| Name | Address | Phone | Occupation |
|------|---------|-------|------------|
|      |         |       |            |
|      |         |       |            |
|      |         |       |            |

**APPLICANT ACKNOWLEDGMENT**

I understand that any misrepresentation, falsification or material omission of information will result in my failure to receive an offer or, if I have been hired, in my dismissal from employment. In consideration of my employment, I agree to observe all rules, regulations, policies, and procedures as they relate to all employees at all times. In addition, I understand that any employment is contingent upon satisfactory completion of all pre-employment requirements including, but not limited to, interviews, reference checks, verification, pre-employment physical and drug and alcohol testing. **I FURTHER UNDERSTAND FCEOC IS AN AT-WILL EMPLOYER.** Either the employee or FCEOC may terminate the employment relationship at any time for any reason with or without cause or notice.

I authorize any and all parties named above to give information about me, and I release them from all liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REFERRAL SOURCE**

Where did you hear of this job opportunity?

|                                      |  |   |   |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> CalJobs     | <input type="checkbox"/> EOC Career Line                   | <input type="checkbox"/> Newspaper            | <input type="checkbox"/> Walk-In              |
| <input type="checkbox"/> Career Fair | <input type="checkbox"/> EOC Webpage                       | <input type="checkbox"/> Referred By Employee | <input type="checkbox"/> Workforce Connection |
| <input type="checkbox"/> EDD         | <input type="checkbox"/> Internet (Other than EOC Webpage) | <input type="checkbox"/> School               | <input type="checkbox"/> Other _____          |

## AFFIRMATIVE ACTION MONITORING FORM

Applicants are asked to *voluntarily* provide the following information. The information will be separated from your application before any decisions affecting employment are made.

Authorized personnel will use this information for statistical purposes only.

Position Applied For \_\_\_\_\_

Job # \_\_\_\_\_

Date \_\_\_\_\_

**Check one:**  Male  Female

**Disability:**  Yes  No

**Check one or more boxes that apply:**

- Hispanic or Latino
- Caucasian/White
- African-American/Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Two or more races
  
- Age 40 or over
- Veteran