



Application for Employment

Notice: Please answer all questions accurately and completely, incomplete applications will not be considered. Completed applications will remain active for a period of 60 days. Applicants not employed within the 60 day period must re-apply. Ford Street Project is an equal opportunity employer.

Personal Information

First Name		Middle Name	Last Name
Phone Number	Alt Phone Number	Email	
Present Address			
Do you have a friend or relative that is currently employed with Ford Street Project? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, what is your relationship?
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a clean driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No
If selected for employment, you will be required to provide valid I-9 documents, and be subject to pre-employment screening health, drug, and TB testing. COVID-19 vaccine(s) & booster(s) are required, subject to accommodation for religious or medical reasons.			

Employment Desired

Position		Date you can start	Salary Desired
Days you can work?:	SUNDAY	MONDAY	TUESDAY
Hours:	WEDNESDAY	THURSDAY	FRIDAY
	SATURDAY		
Have you ever worked for Ford Street Project before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, When/What Program:	

Employment History

Please list your current or most recent employer first

Current or Recent Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		
Previous Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		
Previous Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		
Previous Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		
Previous Employer	Occupation	Dates of Employment	Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone Number	Address		

Education

Name and Location of School

Did you graduate?

Subjects Studies
Degrees / Certificates

High School / GED		<input type="checkbox"/> YES <input type="checkbox"/> NO	Please provide copy
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

General Information	
Languages	Written: _____ Spoken: _____
Certifications, Trainings and Licenses	
Special Skills	
Other	

Professional References			
Please include 2 references which have supervised you			
Full Name	Relationship	Years known	Phone number & email (required)
Full Name	Relationship	Years known	Phone number & email (required)
Full Name	Relationship	Years known	Phone number & email (required)

Please Attach Resume & AOD Certificates (if applicable)

Ford Street Project complies with federal and state disability laws and makes reasonable accommodations for applicants and employees with disabilities. If reasonable accommodation is needed to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment, please contact Brandi Page, Fiscal Manager, (707)462-1934 x 102, Brandi@fordstreet.org.

<p>"I certify that all the information submitted by me on this application is true and complete. I understand that if any false information or omissions are discovered, my application may be rejected and, if I am employed, my employment may be terminated. In consideration of my employment, I agree to comply with the Company's rules and regulations. I understand that, depending on the position, I may be required to obtain a security clearance and if I do not pass/maintain that clearance, my employment can be terminated with or without cause and with or without notice, at any time. I understand that, depending on the position, I may be required to undergo a physical examination and submit to a pre-employment drug screening.</p> <p>"I agree that my employment and compensation can be terminated, with or without cause, with or without notice, at any time, at either my or the Company's option. I understand and agree that the terms and conditions of my employment may be changed, with or without cause, with or without notice, at any time by the Company. I understand that no Company representative, other than the Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."</p>	
Signature _____	Date _____

Ford Street Project Office Use Only	
Notes: _____	Date Received: _____