



### Application for Employment

The Weingart Center Association (WCA) is an equal opportunity employer. It is the policy of this company to consider all job applicants without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic and complies with applicable state and local laws prohibiting discrimination in employment. Applicants requiring accommodations with the application and/or interview process should contact a representative of the Human Resources Department.

PLEASE PRINT.

POSITION(S) APPLYING FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source:  Walk-in  Website  Other \_\_\_\_\_  
 Job Fair  EDD  Employee \_\_\_\_\_  
 Internet  Advertisement (if applicable)

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED IN FULL.

#### PERSONAL DATA

NAME: Last First Middle

ADDRESS

Street City State Zip Code

PRIMARY PHONE ( ) CELL PHONE ( ) ALTERNATIVE PHONE ( )

Have you filed an application with us before?  Yes  No If yes, date From To

Have you ever been employed by WCA before?  Yes  No If yes, date From To

Write name(s) of any friend or relative employed with our company

Are you over the age of 18?  Yes  No If under 18, do you have a work permit?  Yes  No

Are you currently authorized to work in this USA, for all employers on a full-time basis?  Yes  No

All offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

If hired, will you have a reliable means of transportation to and from work?  Yes  No Explain:

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

Have you ever been convicted of a Felony in the last 7 years?  Yes  No If yes, please explain:

\_\_\_\_\_

—

A Felony conviction will not necessarily preclude you from employment with this company. However, the nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the job for which you are applying may be considered in connection with your application. In accordance with California Labor Sections 432.7 and 432.8.

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## WORK PREFERENCE

Type of Employment:

Full Time

Temporary

Educational  
Co-Op

Can you work overtime?

Part Time

Seasonal

Yes  No

What shifts are you available to work?

1<sup>st</sup> (Day)

2<sup>nd</sup> (Swing)

3<sup>rd</sup> (Graveyard)

All

## EMPLOYMENT HISTORY

List your last four (4) employers, starting with the current or most recent. Include military experience, temp work and any volunteer activities. Please do not substitute a resume for summary. Attach additional pages if necessary.

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No  Later  
 If we may not contact your current employer, please explain:

—

Company Name:		Phone Number:	
Company Address:			
Job Title:		Summary of Duties:	
Immediate Supervisor/Title:		Dates of Employment:	
		From:	To:
May we contact this employer for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Eligible for Rehire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for Leaving:	
Company Name:		Phone Number:	
Company Address:			
Job Title:		Summary of Duties:	
Immediate Supervisor/Title:		Dates of Employment:	
		From:	To:
May we contact this employer for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Eligible for Rehire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for Leaving:	
Company Name:		Phone Number:	
Company Address:			
Job Title:		Summary of Duties:	
Immediate Supervisor/Title:		Dates of Employment:	
		From:	To:
May we contact this employer for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Eligible for Rehire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for Leaving:	
Company Name:		Phone Number:	

Company Address:		
Job Title:	Summary of Duties:	
Immediate Supervisor/Title:	Dates of Employment:	
	From:	To:
May we contact this employer for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Reason for Leaving:
Eligible for Rehire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Explain any gaps in employment history: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:** Starting with most recent school attended.

Name of School	Years Completed	<input type="checkbox"/> Degree _____ <input type="checkbox"/> Diploma _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> GED _____ <input type="checkbox"/> License _____ <input type="checkbox"/> Other _____	Grade Point Average	Major/Minor
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Are you able to provide grade transcripts if requested?  Yes  No

Name of School	Years Completed	<input type="checkbox"/> Degree _____ <input type="checkbox"/> Diploma _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> GED _____ <input type="checkbox"/> License _____ <input type="checkbox"/> Other _____	Grade Point Average	Major/Minor
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Are you able to provide grade transcripts if requested?  Yes  No

Name of School	Years Completed	<input type="checkbox"/> Degree _____ <input type="checkbox"/> Diploma _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> GED _____ <input type="checkbox"/> License _____ <input type="checkbox"/> Other _____	Grade Point Average	Major/Minor
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Are you able to provide grade transcripts if requested?  Yes  No

**SKILLS AND OTHER QUALIFICATIONS:** Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. You may exclude those which indicate race, creed, sex, marital status, age, color, national origin or mental or physical disabilities.

**MILITARY SERVICE RECORD** Are you a Veteran?  Yes  No Dates served: \_\_\_\_\_

List duties and skills relevant to this position \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

**List any foreign language(s) you know and check the boxes that describe your skill level**

Language	Speak Some	Speak Fluently	Read	Write

**ABILITY TO PERFORM JOB** - Is there anything that would prevent you from performing in a reasonable and safe manner any of the activities involved in the position for which you have applied?  Yes  No

If yes, please explain.

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**BUSINESS REFERENCE:** List name and telephone number of three business/work or school references who are NOT related to you and are not previous supervisors.

Name:	Telephone Number:	Years Known/Affiliation
Name:	Telephone Number:	Years Known/Affiliation
Name:	Telephone Number:	Years Known/Affiliation

**ADDITIONAL INFORMATION TO CONSIDER:**

**IMPORTANT:**

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.**

By my initials and signature placed below, I, the applicant, promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my immediate dismissal from employment if discovered at a later date. I agree to immediately notify WCA if I should be convicted of a crime while my job application is pending, or during my employment if hired.

\_\_\_\_\_ Initials

As a condition of employment and in accordance with Weingart Center policy, I agree (i) to comply with the binding arbitration policies, rules, regulations and procedures including the WCA's Dispute Resolution policy.

\_\_\_\_\_ Initials

I understand that the Weingart Center is a DRUG FREE WORKPLACE. As such I understand and agree to submit to a DRUG SCREEN AS PART OF MY INITIAL APPLICATION PROCESS and if offered employment, give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. I hereby release the company, and individual participants in said examination, and any third party from potential liability arising out of the examination. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any such alcohol or drug screening that I may be required to undergo disclosed to the Company.

\_\_\_\_\_ Initials

**AT-WILL EMPLOYMENT AGREEMENT**

I understand and agree that nothing contained in this application, or conveyed during any interview, which may be granted, or during my employment if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason, or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the President of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment, if employed, and replaces any other oral or written agreement or understanding.

\_\_\_\_\_ Initials

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

Print Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_