

DISABILITY RIGHTS CALIFORNIA

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other protected status.

Name:	Date:
Address:	City, State, ZIP
Phone:	Position(s) and location(s) applied for:
e-mail:	

How did you learn about us? (Please be specific):

<input type="checkbox"/> Newspaper/Publication _____	<input type="checkbox"/> NDRN
<input type="checkbox"/> Disability Rights California Website www.disabilityrightsca.org	<input type="checkbox"/> Job fair _____
<input type="checkbox"/> Internet posting _____	<input type="checkbox"/> Friend/Relative _____
<input type="checkbox"/> Outreach event _____	<input type="checkbox"/> Other _____

<i>Have you worked for Disability Rights California before?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, give dates/position: _____	
When would you be available for work? (date) _____	
Can you travel if the job requires it?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently a Cal-Works participant?	<input type="checkbox"/> No <input type="checkbox"/> Yes

<i>Have you been convicted of a felony within the last 7 years?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>(Conviction will not necessarily disqualify an applicant from employment)</i>	
If yes, explain:	

Please Note: All individuals who will work in our OFFICE OF CLIENTS' RIGHTS ADVOCACY or OFFICE OF PATIENTS' RIGHTS are required to undergo a background and fingerprint check and security clearance. In addition, staff who will be providing training and/or peer/self advocacy services at state psychiatric hospitals will be required to undergo a background and fingerprint check, and a security clearance.

Are you currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If so, may we contact your present employer? (Disability Rights California will not contact your employer without your consent.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can you, after employment, submit verification of your legal right to work in the U.S.?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently a CalWorks participant?	<input type="checkbox"/> No <input type="checkbox"/> Yes

For legal positions only (Advocate, Attorney or Supervisor):	
JD degree? If yes, where obtained? _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
California Bar admission? If yes, give date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other state(s) Bar? If yes, give state and date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Computer skills:			
<input type="checkbox"/> Word Perfect	<input type="checkbox"/> MS Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Access
<input type="checkbox"/> Other, please specify: _____			

Language skills: Indicate any languages, other than English, you can speak, read, or write:		
	Fluent	Good
Speak		
Read		
Write		

Education-(optional if included on resume): Please provide your education history if you have any related course work, diploma(s) or degree(s) you would like considered:
Degree(s)/diploma(s) obtained:
Related course(s):

Employment experience:

If submitting a résumé in lieu of completing this portion of the application, the résumé must contain ALL of the following information, including your most recent salary.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities, or other protected status. If you need additional space, please continue on a separate piece of paper.

Employer, address, phone	Dates From ---To		Salary monthly	Work performed
Job title:	Supervisor:		Reason for leaving:	
Job title:	Supervisor:		Reason for leaving:	
Job title:	Supervisor:		Reason for leaving:	
Job title:	Supervisor:		Reason for leaving:	

Additional information (required)

If a Qualifications Checklist was not included, on a separate piece of paper or in your cover letter, please tell us how you meet each of the minimum and any of the desirable qualifications as mentioned in the job description.

State any additional information you feel may be helpful to us in considering your application.

List three (3) professional references:

Name/Title	Company name/address	Phone	Years known	May we contact this person at this time?
1.				
2.				
3.				

APPLICANT'S STATEMENT:

I certify that the answers given herein or contained on my résumé submitted with this application are true and complete to the best of my knowledge. I understand that this application does not constitute a contract of employment. _____ (initials)

I understand that Disability Rights California/OCRA/OPR will thoroughly investigate my work and work-related history and verify all data given on this application in the related application materials and in the employment interview. _____ (initials)

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. _____ (initials)

I hereby authorize Disability Rights California to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Disability Rights California any and all letters, reports and/or other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Disability Rights California, my former employers (except my current employer if so noted) and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____ (initials)

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Disability Rights California, I am entitled to copies of any such public records obtained by Disability Rights California, **unless I mark the check box below:**

If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

In the event of my employment, I understand that I am required to abide by all rules and regulations as established in Disability Rights California's current policies. I understand that under federal law I must submit satisfactory proof of employment authorization and identity in the form of required I-9 documentation or that I may be denied employment until I can produce such documentation. _____ (initials)

Applicant's Signature: _____ Date: _____