

Application for Employment with the Down Syndrome Connection of the Bay Area

The DSCBA is an Equal Opportunity Employer and is committed to excellence through diversity.



DATE:

Personal Information

Full Name

Street Address		City	State	Zip
Home Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>				
To be considered for employment a background check will be completed. Are you willing to sign an authorization to do so? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you CPR certified?		Yes	No	If YES what is the "renewal date" of your certification?

Position

Position You Are Applying For	Available Start Date	Max hours a week?
What type of employment are you applying for? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education

School Name	Location	Years Attended	Degree Received	Major

Certifications Received:

Volunteer Work past/present:

List other activities that may be relevant to your work with the DSCBA:

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		
Work Phone	Starting Date		Ending Date
Address	City	State	Zip
Employer (2)	Job Title		
Work Phone	Starting Date		Ending Date
Address	City	State	Zip
Employer (3)	Job Title		
Work Phone	Starting Date		Ending Date
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	