## African American Family & Cultural Center Employment Application



The AAFCC is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law. In addition, the AAFCC has adopted an Affirmative Action Program with the goal of ensuring equitable representation of qualified women, minorities, Vietnam Era and disabled veterans, and other disabled individuals, at all job levels. Applicants may be subjected to testing for illegal drugs. In addition, applicants who receive a conditional offer of employment must pass a physical examination. This application will be considered active for 90 days. If you have not been employed within this period and are still interested in employment at the AAFCC, please contact the office where you applied and request that your application be reactivated.

African American Family & Cultural Center 3300 Spencer Avenue Oroville, California 95966 Phone: 530-532-1205 Fax: 530-532-9246 aafcc@aafcc-oroville.org

Date:						Position(s) Applied for:				
Name:						me Phone:				
Address:	Address: Cell Phone									
City:	City: Email Address:					il Address:				
State, Zip	Are you legally able to work in the USA?									
In compliance	with federal law, al			uired to verify id eligibility verific					l Stat	es and to complete
Hours Availa	able to Work:									
Monday	/ Tuesda	y Wednesday		Thursday F		Friday	y Saturday		Sunday	
Full-Time			Part-Time			Date available to Start?			to Start?	
Do you possess a valid California driver's license?  yes  no  Has your driver's license ever been revoked?  yes  no										
Education										
Type of School		Name of School, City and State				No. Years Completed		Major or Degree		
High School										
College Bus. or Trade School										
Professional So										
Other										
Please list any licenses or certificates held, or any professional associations that you belong to:										

Start with most recent employer

## **Work Experience**

Name of Employer:				
Name of last supervisor:				
Dates of employment:				
Job Title:				
Address/Phone#				
Reason for Leaving:				
List job duties and other pertinent information:				
May we contact this employer?	Yes	No (W	/hy):	
Name of Employer:				
Name of last supervisor:				
Dates of employment:				
Job Title:				
Address/Phone#				
Reason for Leaving:				
List job duties and other pertinent information:				
May we contact this employer?	Yes	No (W	/hy):	
Name of Employer:				
Name of last supervisor:				
Dates of employment:				
Job Title:				
Address/Phone#				
Reason for Leaving:				
List job duties and other pertinent information:				
May we contact this employer?	Yes	No (W	/hy):	

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Name of Organization:

Dates of volunteer work:

## **Volunteer Experience**

Address/Phone#				
List job duties and other pertinent information:				
Name of Organization:				
Dates of volunteer work:				
Address/Phone#				
List job duties and other pertinent information:				
Name of Organization:				
Dates of volunteer work:				
Address/Phone#				
List job duties and other pertinent information:				
Please list 2 re	ferences other than relatives a	nd previ	ous employers	
Name				
Position				
Company				
Telephone/Email				
information is grounds for references listed above ar release any and all parties agree to conform to the ru without cause and with or employment is intended to	PLEASE READ THE FOLLOWING BEFORE this application is correct to the best of my knowledger dismissal in accordance with AAFCC policy. I authorized for said employers and references to give any and a from any and all liability that may result from furnishalles, regulations and policies of the AAFCC and my error without notice at any time, at the option of either the to be the complete expression of the agreement between orize the AAFCC to obtain a consumer report on me.	ge and underst rize the AAFCC all information ling the same t mployment and company or m en the AAFCC	and that any misstatement to contact my previous en they may have, personal of o you. In consideration of I compensation can be terroyself. This agreement con-	nployers and the or otherwise, and my employment, I ninated with or cerning at-will
Applicant Signature			Date	

If using Outlook you can click here to submit by email, all others please save to desktop & send from internet email.