

**TURNAROUND ARTS: CALIFORNIA APPLICATION FOR EMPLOYMENT**

Turnaround Arts: California, a California Corporation, is an equal opportunity employer. Turnaround Arts: California does not discriminate on any basis prohibited by federal, state, or local law, including race, color, national origin, age, gender, gender identification, sexual orientation, religion, or disability. Consistent with the Americans With Disabilities Act, applicants may request accommodation needed to complete the application process. If you have any questions regarding this policy, please contact [hr@turnaroundartsca.org](mailto:hr@turnaroundartsca.org).

**PERSONAL INFORMATION:**

Date:

Name:

Present Address:

Permanent Address (if different from above):

Phone Number:

Are you 18 years or older? Yes  No

**POSITION SOUGHT:**

Position sought:

Date you can start:

Salary requirements:

Days/times available:

How were you referred to our organization?

Have you ever applied to this Organization before? If so, when?

Are you currently employed? Yes  No

May we contact your current employer? Yes  No

**EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School level | School name  and location | Number of years  attended | Did you graduate? | Area(s) of study;  Degree(s) received |
| High school |  |  |  |  |
| College |  |  |  |  |
| Graduate school |  |  |  |  |
| Trade, business, or correspondence school |  |  |  |  |

**MILITARY SERVICE:** *Complete this section if you served in the U.S Armed Forces*

Branch of Service:

Describe your training and duties:

Period of active duty:

Rank at discharge:

Date of final discharge:

**GENERAL:**

|  |
| --- |
| Do you have any additional education, skills, or training that would help you perform the work for which you are applying? |
|  |

**EMPLOYMENT HISTORY:** *Please list all employers for the last ten years, beginning with the most recent*

|  |  |  |
| --- | --- | --- |
| Organization name: | Supervisor: | Telephone: |
| Address: | | Dates employed  From:  To: |
| State position held and describe your duties: | | |
| Reason for leaving: | | May we contact? |

|  |  |  |
| --- | --- | --- |
| Organization name: | Supervisor: | Telephone: |
| Address: | | Dates employed  From:  To: |
| State position held and describe your duties: | | |
| Reason for leaving: | | May we contact? |

|  |  |  |
| --- | --- | --- |
| Organization name: | Supervisor: | Telephone: |
| Address: | | Dates employed  From:  To: |
| State position held and describe your duties: | | |
| Reason for leaving: | | May we contact? |

*Use additional paper if necessary.*

|  |
| --- |
| Please explain any gaps in employment |
|  |

**REFERENCES:** *Please list three persons, not related to you, whom you have known at least one year*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Email and phone number: | Relationship: | Years acquainted: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**NOTICE TO ALL APPLICANTS:**

I understand and agree that if I am employed by Turnaround Arts: California (“the Organization”) my employment will be at-will, which can terminate with or without cause and with or without notice at any time. I understand that no supervisor or representative of the Organization has the authority to enter into an agreement other than for at-will employment, other than the Executive Director of the Organization, and that any such agreement must be in writing and signed by the Executive Director. I understand that this agreement of at-will employment sets forth the entire understanding between me and the Organization regarding the duration of my employment. I understand that consideration of my application, as well as any employment is conditioned upon my agreeing to arbitrate all employment related disputes. The terms of this arbitration agreement are more fully set forth in the Organization’s arbitration policy. I understand that my employment is also conditioned upon my signing the Organization’s Confidential Information and Invention Assignment Agreement. I further agree that, in the event that I am not hired, I will keep confidential and will not disclose to anyone, any confidential, proprietary, or trade secret information that I receive from the Organization during the application process, including information regarding the Organization’s donors, volunteers, services, ideas, processes or techniques, financial data, technical data, or business plans.

I understand that I will be asked to authorize the Organization to conduct background investigations and consumer background investigations in connection with the application process and, in the event that I am hired, during and subsequent to my employment. I understand that the Organization may request information from many sources, including, but not limited to: past employers, educational institutions, personal references, and any public or private agencies that have issued me a professional, vocational certification, or license. I further understand that such investigation may include review of a wide range of documents and information, including, but not limited to my credit history, driving record, criminal history, and verification of any information provided in this application or during my employment, if I am hired. I understand that any misrepresentation or omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge from employment. I hereby acknowledge that if offered employment I will be required to pass a drug test.

**RELEASE OF CLAIMS:**

I further hereby release and hold harmless the Organization, its officers, employees and agents, any other person, or public or private entity, inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Request, Authorization, Consent and Release, or making any written or verbal communications for such purposes, from any and all, claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentations, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities, and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have, now or in the future, regarding the application process. I have carefully read this Request, Authorization, Consent and Release and have voluntarily agreed to its terms to assist the Organization in evaluating my qualifications for employment and in meeting the business necessity of hiring honest, trustworthy, reliable and non-violent employees who do not pose a risk of serious harm in the workplace. I voluntarily grant this release for purposes of supporting my application for employment and based upon my desire to encourage the Organization’s consideration of my application. If I have any concerns about the information that may be provided to the Organization during its investigation concerning issues relevant to the Organization’s consideration of my application, I have voluntarily explained such occurrences to the Organization in writing. I additionally agree to fully cooperate with the Organization in permitting the release of the above information and reports, prior to or during my employment, if I am hired. I understand that all information and documents generated, received or maintained by the Organization during, or as a result of, its investigation, will be maintained as confidential information and that the Organization will release such information or documents to me only as required by law. NOTICE: New employees are required to produce verification of their legal right to work in the United States and to attest under penalty of perjury that the documents you have produced are genuine and relate to you.

My signature below certifies that I have read and understand the foregoing and I declare, under penalty of perjury, that to the best of my knowledge and belief, the information on this form is true and correct. My signature below also certifies that I agree to the employment at-will relationship and agree to be bound by the terms and conditions of employment stated in this application.

Signature

Date (MM/DD/YYYY)