



14895 E. 14th Street, Suite 360  
San Leandro, CA 94578

## EMPLOYMENT APPLICATION INSTRUCTIONS

**Thank you for your interest in Harambee Community Services!**

The employment application can be filled out on your computer. If you received a paper copy of this application and want to fill it out on your computer, email [HR@harambeekc.org](mailto:HR@harambeekc.org) and request the application be sent to you via email.

If you complete this application by hand, **please print neatly and legibly.**

### APPLICATION INSTRUCTIONS:

1. Download the file to your computer. If you fill out the application in your browser, the information is not saved and it will be blank when emailed to us.
2. Complete the entire application including the eight questions at the end. Please remember to include your full address including street, city, state and zip code. Be sure to include your email address and telephone.
3. If you have a resume, you can attach it but you'll still need to complete the entire application.
4. Read the entire application carefully and sign and date the application.
5. You may either fax or email the application to Human Resources
  - Email Address: [HR@Harambeekc.org](mailto:HR@Harambeekc.org)
  - Fax: (510) 338-9238

Thank you,  
Harambee Community Services

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# Employment Application

HCS is Proud to be An Equal Opportunity Employer

**Please Print**

Position Applying for: \_\_\_\_\_ Desired Hourly Pay: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Full Name:		AKA/Nickname:
Current Address (Street, City, State and Zip Code):		How Long:
Past Address (Street, City, State and Zip Code):		How Long:
Home Telephone:	Cell:	Email:

How did you hear about us? Please be specific: \_\_\_\_\_

### SCHEDULE

Please keep in mind that schedules and shifts may vary depending on position, season and position. Additionally, the hours may vary from week to week, depending on our organization's needs. Please list only the times/days you are available to work below.

SPECIFY HOURS AVAILABLE DAILY	MON	TUES	WED	THURS	FRI
AM					
PM					

### PERSONAL INFORMATION

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible for employment in the United States? (Proof will be required.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any family members and/or friends at this company? If so, please list. (We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you referred to this position by anyone? If so, please list their full name.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you worked at this company before? If yes, please provide job title, location and dates of employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been convicted of a criminal offense — felony or serious misdemeanor? If yes, list nature of crimes, when and where convicted and disposition of the case.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been the subject of any adverse action(s) by any state licensing authority, credentialing committee of a health care facility, credentialing committee of a health care plan or other sanctioning or disciplinary agency for either your conduct or performance? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever or are you now excluded from participation in federal health care programs? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### EDUCATION

You must complete this section even if attaching a resume.

	Name and Address of School	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Undergraduate College</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Graduate/ Professional</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other (Specify)</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other (Specify)</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last five years is sufficient).  
You must complete this section even if attaching a resume.

<b>Name of Employer</b>		<b>Dates of Employment</b>		<b>Your Job Duties</b>
		<b>From</b>	<b>To</b>	
<b>Type of Business</b>				
<b>Address</b>				
<b>Job Title</b>	<b>Supervisor</b>	<b>Phone Number</b>		
<b>Reason for Leaving</b>		<b>May we contact this employer for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name of Employer</b>		<b>Dates Employed</b>		<b>Your Job Duties</b>
		<b>From</b>	<b>To</b>	
<b>Type of Business</b>				
<b>Address</b>				
<b>Job Title</b>	<b>Supervisor</b>	<b>Phone Number</b>		
<b>Reason for Leaving</b>		<b>May we contact this employer for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name of Employer</b>		<b>Dates of Employment</b>		<b>Your Job Duties</b>
		<b>From</b>	<b>To</b>	
<b>Type of Business</b>				
<b>Address</b>				
<b>Job Title</b>	<b>Supervisor</b>	<b>Phone Number</b>		
<b>Reason for Leaving</b>		<b>May we contact this employer for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

### REFERENCES

Please list contact information for at least 2 professional references below.  
The 3<sup>rd</sup> reference can be from someone not related to you who has known you for at least a year:

Name	Address	Phone Number	Relationship

### LICENSES and CERTIFICATIONS

List all applicable licenses and certifications.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### REASONABLE ACCOMMODATION

To the best of your knowledge, are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

- Yes       No

If no, please describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and may be subject to skill and agility tests.)

## APPLICANT QUESTIONS

1. Thank you for choosing Harambee, why did you choose us?
2. What are you passionate about?
3. Describe a situation in which you played a role in making a change within your last place of employment (or community center or club). What was the situation, what did you do and what was the result?
4. What was the best experience you ever had as a member of a team? What was your role on the team? What made it a good experience?
5. What one or two words would most or all of your previous supervisors use to describe you?
6. What suggestions has your supervisor given you for performance improvement or development?
7. We have all made mistakes on the job, some of which are bigger than others. Tell us about the biggest workplace mistake you ever made. What were the circumstances and how did you deal with the situation? What did you learn from the experience?
8. If you were offered this position and you were to accept, what one or two major contributions would you make to the organization in the short term (a few months) and in the long term (after a year)?

## APPLICANT'S STATEMENT

### Please Read Carefully and Sign Below

I certify that answers given herein are true and complete to the best of my knowledge. I understand that falsification, omission or misstatement of information may result in refusal to hire or, if hired, termination of employment.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, gender bias, national origin, marital status, expunged juvenile records, or pregnancy, and any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand that Harambee Community Services will have the right to impose discipline or alter my position at its discretion. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. I understand, also, that I am required to abide by all rules and regulations of the employer.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Print Applicant Name	Applicant's Signature	Date

***Thank you for applying to Harambee Community Services!  
We will contact you if your qualifications meet our needs.***