

# 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

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