



2230 Oak Ridge Way
Vista, California 92081-8341
www.outreach.com
(760) 940-0600

APPLICATION FOR EMPLOYMENT

Outreach, Inc. is an EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state, or local law.

Note: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

Name _____ Date: _____
Last First Middle

Address _____
Number Street City State Zip

Telephone (____)____ Social Security No. ____ - ____ - ____

Email Address (if available)

Are you 18 years of age or older? Yes No
If employed and under the age of 18, can you furnish a work permit? Yes No

Do you have a legal right to work in the United States? Yes No
If employed, you will be required to provide proof.

Do you have any relatives currently employed by Outreach, Inc.? Yes No

If yes, who? What relation to you?

Have you ever used another name that we would need in order to verify your employment experience and education? Yes No If yes, indicate name and date of name change:

Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime? Yes No If yes, state when, where, and the nature of such conviction:

*Do not disclose convictions related to the possession or use of marijuana more than two years ago.
In accordance with company policy, this information will be reviewed for job-relatedness and time since last conviction.*

Are you currently employed? Yes No If yes, may we contact your current employer at anytime?
Yes No You may contact my current employer, but only when:

POSITION

Position for which you are applying:

_____ 1st Choice _____ 2nd Choice

Salary/Wage desired: _____ per _____

Are you available to work: Full-Time Part-Time Temporary On-Call
Desired Schedule:

When would you be available to start working?

How did you hear about the availability of the position for which you are applying?

Newspaper Ad Website Current Employee Walk-in

If referred by a current employee, who referred you?

If the position for which you are applying requires the use of a vehicle, do you have a valid driver's license?

Yes No Not Applicable If yes, please list: License #

Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No

Can you meet the attendance standards of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No

SPECIAL SKILLS AND TRAINING

Describe any specialized training, apprenticeships, or skills:

List current certifications and/or professional license, if any, and where registered:

List applicable equipment/machinery you are qualified or trained to use:

Check special skills or training: *Please List Programs: Basic/Advanced*

- | | | | | | |
|---|-----|---|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Keyboarding | wpm | <input type="checkbox"/> Marketing | <input type="checkbox"/> MS Office | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Customer Service | | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Data Base | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Telephone Skills | | <input type="checkbox"/> Sales | <input type="checkbox"/> Design | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate any language skills, other than English below:

Language	Reading			Speaking			Understanding			Writing		
	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

The following must be completed in detail. Resumes are not accepted in lieu of this information.

Employer		Dates Employed		Key Responsibilities:
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title, Extension			
Job Title		Hourly Rate/Salary		
		Start	Final	

Employer		Dates Employed		Key Responsibilities:
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title, Extension			
Job Title		Hourly Rate/Salary		
		Start	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid-off <input type="checkbox"/> Discharged				

Employer		Dates Employed		Key Responsibilities:
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title, Extension			
Job Title		Hourly Rate/Salary		
		Start	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid-off <input type="checkbox"/> Discharged				

Employer	Dates Employed From To	Address	Job Title
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EDUCATION AND TRAINING

TYPE OF SCHOOL	SCHOOL NAME, CITY, and STATE	MAJOR	DEGREE?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Junior College, College, or University			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL REFERENCES

Name	Business Relationship	Organization	Telephone and Extension

CERTIFICATION

DIRECTIONS: PLEASE CAREFULLY READ AND INITIAL EACH ITEM BEFORE SIGNING THIS APPLICATION FORM

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of the application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of Outreach, Inc. regardless of the time that has elapsed before discovery.

I understand that filing this application in no way assures me a position with Outreach, Inc., and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either Outreach, Inc. or myself. I further understand that no one other than the President of Outreach, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed by Outreach, Inc., I agree to abide by the rules, policies, and procedures of Outreach, Inc. and subsequent rules, policies, and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that Outreach, Inc. believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Outreach, Inc. during the time of my employment.

Signature of Applicant

Date