



APPLICATION FOR EMPLOYMENT CHANGING TIDES FAMILY SERVICES

2259 Myrtle Avenue Eureka, CA 95501
(707)444-8293 • (800)795-3554 • fax (707) 445-9292

Position Applied For			Date of Application	
Last Name		First Name		Middle Name
Mailing Address		City	State	Zip Code
Telephone		Message Telephone		
When are you available for work? (Check all that apply): ☐ Days ☐ Evenings ☐ Weekends ☐ Overtime				
On what date are you available to start work? ____/____/____				

PERSONAL INFORMATION

How did you hear about this position?

- ☐ Craigslist ☐ Friend/Family Member ☐ Changing Tides Family Services website
☐ Other website, please specify _____ ☐ Other job board, please specify _____
☐ Social Media, please specify _____ ☐ Other, please specify _____

Have you ever applied for a position with Changing Tides Family Services? ☐ Yes ☐ No
If yes, when? ____/____/____

Have you ever been employed with Changing Tides Family Services? ☐ Yes ☐ No
If yes, when? ____/____/____

Do you have any friends/relatives working for Changing Tides Family Services? ☐ Yes ☐ No

If yes, state employee's name and their relationship to you:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Are you at least 18 years old? ☐ Yes ☐ No
(If under 18 years, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in this country? ☐ Yes ☐ No

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, describe the functions that cannot be performed:

(Note: Changing Tides Family Services complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Changing Tides Family Services operates in accordance with all applicable state and federal laws. Changing Tides Family Services does not discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability when selecting applicants.)

EDUCATION, TRAINING, AND EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. (If you need additional space, please continue on a separate sheet of paper.)

Employer	Length of Service		Work Performed	
Address	From	To		
Job Title				
Supervisor	E-mail Address			
Reason for Leaving	Telephone Number			

May we contact this employer for a reference? ☐ Yes ☐ No If no, please explain.

Employer	Length of Service		Work Performed	
Address	From	To		
Job Title				
Supervisor	E-mail Address			
Reason for Leaving	Telephone Number			

May we contact this employer for a reference? ☐ Yes ☐ No If no, please explain.

Employer	Length of Service		Work Performed	
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May we contact this employer for a reference? ☐ Yes ☐ No If no, please explain.

Employer	Length of Service		Work Performed	
Address	From	To		
Job Title				
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Reason for Leaving	Telephone Number			

May we contact this employer for a reference? ☐ Yes ☐ No If no, please explain.

EDUCATION, TRAINING, AND EXPERIENCE, (CONT.)

Please list any languages other than English in which you are skilled:

_____ ☐ Conversational ☐ Read ☐ Write ☐ Translate
_____ ☐ Conversational ☐ Read ☐ Write ☐ Translate

Indicate your level of proficiency regarding the software programs below:

Microsoft Word ☐ Little/No Experience ☐ Beginner ☐ Intermediate ☐ Advanced
Microsoft Excel ☐ Little/No Experience ☐ Beginner ☐ Intermediate ☐ Advanced
Microsoft Access ☐ Little/No Experience ☐ Beginner ☐ Intermediate ☐ Advanced

List other computer programs, office equipment, and skills in which you are proficient:

Typing WPM: _____ 10-key KSPM: _____

School or Institution	Name and Location of School/Institution	Years Completed	Did you graduate?	Course of Study	Degree or Certification
High School			Yes No		
Community/ Jr. College			Yes No		
College or University			Yes No		
Other (specify)			Yes No		

REFERENCES

Please give name, address, and telephone number of three professional references.

Name	Address	E-mail Address	Telephone Number
1.			
2.			
3.			

Please read the following carefully, initial each paragraph, and sign at the bottom.

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or for any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Changing Tides Family Services to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Changing Tides Family Services 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 Changing Tides Family Services, 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.

Initials

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 Changing Tides Family Services and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Changing Tides Family Services, and that no promises or representations contrary to the foregoing are binding on Changing Tides Family Services unless made in writing and signed by me and Changing Tides Family Services' designated representative.

Applicant Signature

Date



CHANGING TIDES FAMILY SERVICES

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Voluntary Survey

The following information is necessary for our agency to evaluate its recruitment and hiring practices and to prepare reports required by state and federal agencies. The information you provide is confidential and will not be used in any way to affect your employment status with our agency. Your cooperation in voluntarily providing this information is greatly appreciated.

Date: _____

Gender: ☐ Female ☐ Male

Date of Birth: _____

Position Applied for: _____

Ethnicity: (check only one)

Check if any of the following are applicable:

- ☐ American Indian/Alaskan Native
(Indian People of North America)
- ☐ Asian (Chinese, East Indian, Japanese, Korean,
Laotian, Cambodian, Vietnamese, Hmong)
- ☐ Black (African-American)
- ☐ Filipino
- ☐ Hispanic (Mexican, Mexican-American,
Central American, South American)
- ☐ Pacific Islander (Guamanian, Hawaiian, Samoan)
- ☐ White
- ☐ Unknown
- ☐ Decline to State

- ☐ Vietnam Era Veteran
- ☐ Disabled Veteran
- ☐ Handicapped Individual

Please return to:
Changing Tides Family Services
2259 Myrtle Avenue
Eureka, CA 95501

DO NOT ATTACH TO YOUR APPLICATION