



APPLICATION FOR EMPLOYMENT

California Hydronics Corporation is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other basis prohibited by federal, state, or provincial law.

APPLICANT INFORMATION (Please print)					
Last Name		First		M.I.	Date
Other names you are known by			Are you 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/> CHC is required to comply with federal, state and provincial law.		
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for			Referred By		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for CHC?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have been convicted of a crime in the last 7 years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment).					
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
List skills relevant to the position applied for _____					
REFERENCES (Please list three professional references, whom you have known at least one year.)					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information. I understand and agree that, if employed by this organization; I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

Signature	Date
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE.



VOLUNTARY SELF-IDENTIFICATION

CHC is an equal opportunity employer and is committed to all applicable State and Federal laws related to employment practices. So that we may comply with Federal government recordkeeping, reporting and other legal requirements, please fill out the voluntary survey below. **Your form will be separated from your application and will not be considered in connection with your application.**

Qualified applicants are sought for and employees are treated during employment without regard to race, color, religion, gender, national origin, age, veteran status, or the presence of a non-job related medical condition or disability. This information will be kept confidential and refusal will not subject the applicant or employee to any adverse treatment.

Date: _____ **Position (s) Applied For:** _____

Name: _____
Last First M.I.

If you do not wish to furnish this information, please mark I do not wish to voluntarily self-identify.
If you wish to furnish this information, please mark the following:

Gender: **Male** **Female**

Race/Ethnic Group (Select one):

- White** (Not Hispanic or Latino)
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (Not Hispanic or Latino)
A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino)
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino)
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian/Alaska Native** (Not Hispanic or Latino)
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino)
All persons who identify with more than one not including Hispanic or Latino.
- Other**
If none apply above please enter races _____

Veteran Status (check any that are applicable)

- Disabled Veteran**
- Armed Forces Service Medal Veteran**
- Other Protected Veteran**
- Recently Separated Veteran**

Individual Characteristics Form (ICF) U.S. Department of Labor

Work Opportunity Tax Credit Employment and Training Administration

1. Control No. (For Agency use only)	APPLICANT INFORMATION (See instructions on reverse)	OMB No. 1205-0371 Expiration Date: November 30, 2011
		2. Date Received (For Agency Use only)
EMPLOYER INFORMATION		
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)
APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI)	7. Social Security Number.	8. Have you worked for this employer before? Yes ___ No ___ If YES, enter last date of employment: _____
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION		
9. Employment Start Date	10. Starting Wage	11. Position
12. Are you at least age 16, but under age 40? Yes ___ No ___ If YES, enter your <i>date of birth</i> _____		
13. Are you a Veteran of the U.S. Armed Forces? Yes ___ No ___ If NO, go to Box 14.		
If YES, are you a member of a family that received SNAP (Food Stamps) benefits the 15 months for at least 3 months during before you were hired? Yes ___ No ___ If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.		
OR, are you a veteran entitled to compensation for a service-connected disability? Yes ___ No ___		
If YES, were you discharged or released from active duty within the year before you were hired? Yes ___ No ___		
OR, were you unemployed for a combined period of at least 6 months during the year before you were hired? Yes ___ No ___		
14. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired? Yes ___ No ___		
OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? Yes ___ No ___		
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ___ No ___		
OR, by an Employment Network under the Ticket to Work Program? Yes ___ No ___		
OR, by the Department of Veterans Affairs? Yes ___ No ___		

<p>16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes___ No___</p> <p>OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes___ No___</p> <p>OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes___ No___</p> <p>If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes___ No___</p> <p>If YES, to any question, enter name of <i>primary recipient</i> _____ and The <i>city and state</i> where benefits were received _____.</p>		
<p>17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? Yes___ No___</p> <p>If YES, enter <i>date of conviction</i> _____ and <i>date of release</i> _____.</p> <p>Was this a Federal ___ or a State conviction ___? (Check one)</p>		
<p>18. Do you live, and plan to continue living, in an Empowerment Zone or Renewal Community? Yes___ No___</p> <p>OR, in a Rural Renewal County (RRC)? Yes___ No___</p> <p>If YES, enter <i>name of the RRC</i>: _____</p>		
<p>19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes___ No___</p>		
<p>20. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes___ No___</p> <p>OR were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes___ No___</p> <p>If YES, where you discharged or released from active duty in the Armed forces at any time during the 5-year period ending on the hiring date? Yes___ No___</p> <p>If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes___ No___</p>		
<p>21. Are you at least age 16 but under age 25? Yes___ No___</p> <p>If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes___ No___</p> <p>If YES were you not regularly employed during that 6-month period? Yes___ No___</p> <p>If YES, were you not employable because you lacked basic skills? Yes___ No___</p>		
<p>22. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)</p>		
<p>I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.</p>		
<p>23(a). Signature: (See instructions in Box 23b for who signs this signature block)</p>	<p>23. (b) Indicate with a ☺ who signed the form: ☺ Employer, ☺ Consultant, ☺ SWA, ☺ Participating Agency, ☺ Applicant, or ☺ Parent/Guardian (if applicant is a minor)</p>	<p>24. Date:</p>