

FORMAL EDUCATION		Name of School and Address for Verifying Attendance	Course of Study or Major	# Years Attended	Did you Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
	Technical/ Trade/ Vocational				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
	Community/ Junior College				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
	College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
	College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	

OTHER TRAINING	Certification Type/Description	Granting Authority/Where Earned	Certificate Number (if any)	Expiration Date (if any)
	Cardio-Pulmonary Resuscitation (CPR)			
	First Aid			
	Certified Nurse Aide			
	Certified Medication Aide			
	Licensed Practical Nurse			
	Registered Nurse			
	Mandt (physical restraint training)			
	National Teaching Family Association			
	Other			
	Other			
Summarize any other special training/qualifications you have acquired from employment, seminars/workshops, or other experiences.				

MILITARY SERVICE	Have you ever served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what branch?
	Describe any training you received during your military service that is relevant to the job for which you are applying.

EMPLOYMENT HISTORY

Starting with your current or most recent job, provide an accurate, complete record of employment (including, but not limited to, every job you've held for at least the last five years).

1 - Current or Most Recent Job	Employer's Name	Employment Dates From _____ To _____
	Address (MUST Include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

2	Employer's Name	Employment Dates From _____ To _____
	Address (MUST Include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

3	Employer's Name	Employment Dates From _____ To _____
	Address (MUST include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

CCO will contact the employers listed above to verify your employment unless you indicate that you do not want us to contact a particular employer and supply a valid reason.	Please DO NOT contact
	Employer # _____ Reason

EMPLOYMENT HISTORY

Continue providing an accurate, complete record of full-time and part-time employment, including, but not limited to, every job you've held for at least the last five years.

4	Employer's Name	Employment Dates From _____ To _____
	Address (MUST Include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

5	Employer's Name	Employment Dates From _____ To _____
	Address (MUST Include COMPLETE Mailing Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

6	Employer's Name	Employment Dates From _____ To _____
	Address (MUST Include COMPLETE Address with City, State and Zip code)	Wage (specify hourly, monthly or annual)
	Name & Title of Your Supervisor OR Name & Title of Whom to Contact to Verify Employment	Phone # to Verify Employment (with Area Code) ()
	Your Position/Job Title and Brief Description of the Work You Performed	Reason for Leaving

CCO will contact the employers listed above to verify your employment unless you indicate that you do not want us to contact a particular employer and supply a valid reason.	Please DO NOT contact
	Employer # _____ Reason

If additional space is needed to provide a complete employment history, please indicate by checking this box and continuing on page 6 of this form.

PUBLICITY/REFERRAL TRACKING

How did you find out about job opportunities at CCO?

Classified ad in the _____
Name of newspaper or publication

Display ad in the _____
Name of newspaper or publication

Bulletin Board Display _____
Location of bulletin board

Radio Ad or TV ad _____
Radio or TV station

Personal Referral _____
Name of person who referred you

Other (describe) _____

EMPLOYMENT OF RELATIVES/HOUSEHOLD MEMBERS

Are any members of your household or family employed by CCO? Yes No If yes, supply their name, position/title, and work location.
Are any members of your household or family related to a person served by CCO? Yes No If yes, please name individual.

Name

Position/Title

Work Location

Please detach this page along the perforation.

If you are submitting this application in person and choose to fill out the voluntary self-identification form, submit this page separately from the rest of the completed application form.

If you are submitting this application by mail and choose to fill out the voluntary questionnaire, fold this page along the lines below to form a self-mailer. Mail the completed self-identification form separately.

California Community Opportunities, Inc.
1475 South Bascom Ave., Suite 104
Campbell, CA 95008
