



Mexican American Opportunity Foundation
Human Resources Department
 401 N. Garfield Ave.,
 Montebello, CA 90640
 www.maof.org

Phone: (323) 278-3600
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APPLICATION FOR EMPLOYMENT

Mexican American Opportunity Foundation is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please Print or Type

Applicant Information

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone#: _____ Message#: _____

Driver's License Number* _____ State: _____ Expiration date: _____

Have you ever applied to, or worked for MAOF before? _____ If yes, when? _____

Do you have any friends or relatives working for MAOF? _____

If yes, state name and relationship: _____

How did you hear about us/this opening? _____

Have you in the last 10 years been convicted of a felony (excluding any sealed or expunged convictions)? _____

(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstance and the relevance of the offense to help position(s) applied for may, however, be considered.)

If yes, explain: _____

General Information About Employment Desired

Position applied for? _____

Are you currently employed? _____ May we contact your present employer? _____

Are you a current MAOF employee? _____ Position/Program: _____

Are you available to work : Full-time _____ Part-time _____ Temporary _____

If required, are you available to work on weekends? _____

If hired, on what date could you start work? _____

Are you able to travel on company business?* _____

Hourly rate of pay or monthly salary desired: _____

*Required

Education and Training (include on-the-job training):

	School/Location	Course of Study Units Completed	Dates Attended
High School			N/A
College/University			
Trade School			
Trainings			
Seminars/Other			

If this position requires a permit, license or certificate, list those you possess and provide dates of expiration:

Permit/License/Certificate _____ Date Issued _____ Date expires _____

Specialized Skills

Do you speak, write or understand any foreign languages? _____

If yes, which language(s)? _____

Do you have any experience, training, qualifications or skills which you feel make you especially suited to work at Mexican American Opportunity Foundation? _____ If so, explain in detail below:

Skills	Dates Used	Level of Proficiency
MS Word		
MS Excel		
MS Access		
Data Entry		
10-KEY		
Switchboard		
Other		

Use the space below to summarize other relevant experience, skills and background:

Employment History

List all previous employers starting with your present or most recent position (last 10 years is sufficient) below.

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: (____) _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: (____) _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: (____) _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: (____) _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Professional References

- 1). Name _____ Employer _____
Position _____ Phone Number _____
Address _____ City/State/Zip _____

- 2). Name _____ Employer _____
Position _____ Phone Number _____
Address _____ City/State/Zip _____

- 3). Name _____ Employer _____
Position _____ Phone Number _____
Address _____ City/State/Zip _____

EQUAL OPPORTUNITY EMPLOYER

The Mexican American Opportunity Foundation maintains a policy of nondiscrimination with all employees and applicants for employment. Employment decisions shall comply with all applicable laws prohibiting discrimination in employment, including Title VII of the Civil Rights Act of 1967, the Americans with Disabilities Act of 1990, the Immigrations and Nationality Act and any applicable state laws. All aspects of employment are governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, color, religion, sex, age, national origin, ancestry, citizenship, physical or mental disability, medical condition, marital status, pregnancy, sexual orientation or any other basis prohibited by statute.

APPLICANT'S STATEMENT

Please Read and Initial each Paragraph and sign application upon completion

I hereby authorize *Mexican American Opportunity Foundation* to thoroughly investigate my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release *Mexican American Opportunity Foundation*, my current and 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. _____

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and or physical will result in withdrawal of the employment offer. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment. _____

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and the *Mexican American Opportunity Foundation*. In addition, I understand and agree that if I am employed, my employment relationship with *Mexican American Opportunity Foundation* is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or *Mexican American Opportunity Foundation*, and that no promises or representations contrary to the forgoing are binding on *Mexican American Opportunity Foundation* unless made in writing and signed jointly by the President/CEO. _____

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or *Mexican American Opportunity Foundation* benefits, policies and procedures will not alter our at-will agreement. _____

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. _____

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current valid California Driver's License and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by *Mexican American Opportunity Foundation* auto insurance, if required for my position. _____

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 on this application or on any documents 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. _____

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document. _____

Applicant's Signature

Date

VOLUNTARY EEO IDENTIFICATION

Various Agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which and individual applies. The information requested on this sheet is for compliance with certain records keeping requirements. MAOF believes all persons are entitled to equal employment opportunities, and does not discriminate against employees or applicants for employment because of race, color, religion, sex, age, national origin, ancestry, citizenship, physical or mental disability, medical condition, marital status, pregnancy, sexual orientation, or any other basis prohibited by statute.

Name _____

Date _____

Position Applied For _____

Race/Ethnic Data:

- White (Non-Hispanic) Asian or Pacific Islander American Indian or Alaskan Native
- Black (Non-Hispanic) Hispanic

Regulations issued by the U.S. Department of Labor with respect of disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Special Disabled Veteran (30% or more disability)
-

EXPLANATION OF CATEGORIES:

White (Non-Hispanic origin): Persons having origins any of the original peoples of Europe, North Africa or the Middle East.

Black (Non-Hispanic): Person having origins in any of the Black racial groups or Africa.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indians subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

Hispanic: All persons of Mexico, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race.

American Indian or Alaska Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such a person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7 1975, and was discharged or released with other than a dishonorable discharge or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 17, 1975.

Special Disability Veteran: Federal Regulations define a special disabled veteran as one who (1) is entitle to compensation under administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

