



Delta Community Developers Corp

**2575 Grand Canal Blvd., Suite 220, Stockton, CA 95207
(209) 460-5017 FAX (209) 460 -5117**

INSTRUCTIONS:

1. PRINT LEGIBLY, TYPEWRITE or save document as a Word (*.doc) and fill in.
2. A separate application must be completed for each position that you are applying for.
3. Complete all sections of the application and make sure the application is signed and dated before it is submitted to the Delta Community Development Corp Human Resources Department.
4. Please read the Job Announcement carefully. Some positions may require supplemental questions. Resumes are encouraged but will not be accepted in lieu of any portion of the Employment Application. Use additional sheets if more space is needed.
5. Applicants may be required to submit additional proof of qualifications, if sufficient information is not provided (i.e., License, Certificate, Degree, etc.)
6. Criminal background checks and drug testing will be made on applicants who are eligible for an interview.
7. It is the applicant's responsibility to insure that the application is received within the filing period. Applications must be in the Delta Community Development Corp office **NO LATER THAN ON THE FINAL FILING DATE ON THE JOB ANNOUNCEMENT**. Late applications will not be accepted.
8. Screening applications may take 2-3 weeks after the final closing date.

Please call Human Resources if you need assistance.

DCDC is an Equal Opportunity Employer
Thank you for your interest in employment with our Company.

To request accommodation as provided by the Americans with Disabilities Act (ADA), please contact the Human Resource Office at (209) 460-5017, or call the California Relay Service 711



EMPLOYMENT APPLICATION

Delta Community Development Corp does not discriminate on the basis of handicap in admission or access to, its housing assistance programs or in its employment practices. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification, and to maintain a drug free workplace.

This application is part of the examination process. Failure to meet all the requirements presented in the announcement by the final filling date is a cause for rejection. All applications and supporting documents are due by the announced closing date for the position.

Note: If you are selected as a potential candidate for employment you will be provided with a “Disclosure Regarding Background Investigation” and required to submit a completed “Acknowledgment and Authorization For Background Check” which will permit DCDC to conduct a criminal background screening, credit report and/or obtain an “Investigative Consumer Report” (15 USC section 1681-1681x; and Civil Code sections 1785.1- 1785.35 and 1786.1-1786.60). You may submit a written request to the investigative consumer reporting agency for a copy of these reports provided the request is made within two years of the date of the reports.

I. Background

Date:		Position Desired:			Salary Desired: \$ Per	
Name:	Last	First			MI	
Present Address:	Number	Street	City	State	Zip	
Contact Number:	Primary:		Secondary:		Other:	
1a. Type of Employment Desired:		Full-Time	Part-Time	Temporary		
b. If part-time or temporary employment is desired, indicate specific days, hours or period available.						
c. If your application is considered favorably, on what date will you be available to start? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>						
2. Are you legally eligible for employment in the U.S.?			Yes	No		
3. Are you 18 years of age or older?			Yes	No		
4. Other than English, what other languages are you fluent? READ: _____ WRITE: <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div>						

5. Are you currently employed by DCDC? Yes No
 If yes, are you in a probationary period? Yes No
 Have you previously been employed by DCDC? Yes No Date(s) of employment: _____

 Position(s): _____ Location: _____

6. Do you have any relatives (either by blood or marriage) who are employed by DCDC?
 Yes No If yes, complete the following:
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

7. Is there any reason why you would not be able to successfully perform the functions of the job for which you are applying? Yes No If yes, please explain: _____

What accommodations, if any, would be necessary should you be offered employment with this agency?

10. Do you have a valid California Drivers License? Yes No Enter Number: _____

11. Have you ever been discharged or terminated for any reason except layoff for lack of work or have you ever resigned to avoid discharge or have you received a general or dishonorable discharge from the military service? Yes No If yes, cite all cases; attach additional sheet(s) if needed.

Name of Employer (or Military Branch): _____

Employer's Address: _____

Date of Discharge: _____

Reason for Discharge: _____

II. Education/Training/Certifications

12. Insert the name of the school attended, circle the last year completed, describe the major or course of study and identify the type of degree earned.

TYPE	NAME OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR/COURSE	DIPLOMA/ DEGREE (Y/N)
Elementary		5 6 7 8		
High school		9 10 11 12		
Jr. College		1 2		
College		1 2 3 4		
Other				

13. Describe other training or education not indicated above.

14. What office machines or equipment can you operate?

15. What is your typing speed (if required for this position)? _____ w.p.m.

16. List any certificates for skills or professional licenses you have which relate to the requirements of this position.

III. Employment History

a. Begin with your most recent experience. Use additional sheets if more space is needed. Summarize jobs held more than ten years ago. Include relevant volunteer experience.

It is not acceptable to write "See Resume." Incomplete applications will not be accepted.

Employer:		Job Title:	
Address: City State Zip		Describe the work you did:	
Telephone Number:			
Date Started:	Date Ended:		Reason Left:

Employer:		Job Title:	
Address: City State Zip		Describe the work you did:	
Telephone Number:			
Date Started:	Date Ended:	Last Salary:	Reason Left:
Employer:		Job Title:	
Address: City State Zip		Describe the work you did:	
Telephone Number:			
Date Started:	Date Ended:		Reason Left:

Employer:		Job Title:	
Address: City State Zip		Describe the work you did:	
Telephone Number:			
Date Started:	Date Ended:		Reason Left:
b. If more than three (3) months between periods of employment listed, explain why:			

c. Describe Supervisory or Managerial experience you have:			

d. Are there any other skills, experience or qualifications not already listed that you feel would especially be a fit for the position you are applying for?			

e. May we contact the employers listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which ones?			

CERTIFICATION AND AGREEMENT: (Please read carefully before signing)

I certify that all information listed in this application is true and correct to the best of my knowledge. I authorize the Delta Community Development Corp to verify any of the information I have submitted with full knowledge that any misleading statement or omission of material facts may be sufficient cause for disqualification for or dismissal from employment with Villa Real. I also authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons, and the Villa Real from any liability for damages for releasing or receiving information.

I agree to submit to a post offer pre-employment physical examination which will include a drug and/or alcohol analysis. I understand that I will be required to show proof of citizenship or legal right to work in the United States.

I release all parties and persons connected with any requests for information from all claims, liabilities and damages for whatever reason arising out of furnishing this information.

Date _____ Signature _____