



Partnerships With Industry – Employment Application

Personal

Applying For: _____ How Referred: _____ Date: _____

Name (first, middle, last): _____

Address: _____

City: _____ State: _____ Zip: _____

Personal email: _____

Home ph: () _____ Message ph: () _____

Are you legally eligible for employment in the United States: Yes No

Are you 18 or over? Yes No Valid driver's license? Yes No If Yes, date of expiration: _____

May we contact you at work? Yes No N/A If yes, # and best time to call: _____ work phone: _____ am
 () _____ : _____ pm

Date available: _____ Hours per week expected: _____ Pay expected: _____

Type of employment you are seeking: Full Time Part Time On Call

Specific		Mon	Tue	Wed	Th	Fri	Sat	Sun
Days/Hrs	Beg							
Available:	End							

Available

High School: _____

City/St/Zip _____ Diploma Yes No

College/Univ: _____

Field of study: _____

City/St/Zip _____ Degree Yes No If Yes, year: _____

Education

Other, or additional education. Please attach credentials, special trainings/qualifications, etc.:

Computer knowledge/experience/proficiency level (please be specific):

Typing/keyboard skills speed (words per minute, 10key, etc.):

Foreign Language(s) as applicable to the job (e.g., Sign Lang and Braille, etc.) and relevant proficiency level:

Current active professional licenses/certifications. Please attach certificates, etc.:

Other/Skills/Training



Recent Employment Background / Experience

1. Employer:

Phone ()

Address:

May we contact: Yes No

City/St/Zip:

Dates employed:

Begin salary:

End Salary:

Title:

Hours/week:

Duties:

Supervisor's name & title:

Reason(s) for leaving:

2. Employer:

Phone ()

Address:

May we contact: Yes No

City/St/Zip:

Dates employed:

Begin salary:

End Salary:

Title:

Hours/week:

Duties:

Supervisor's name & title:

Reason(s) for leaving:

3. Employer:

Phone ()

Address:

May we contact: Yes No

City/St/Zip:

Dates employed:

Begin salary:

End Salary:

Title:

Hours/week:

Duties:

Supervisor's name & title:

Reason(s) for leaving:

Have you ever been involuntarily discharged: Yes No If yes, explain:



Background Information

Have you ever been convicted of, or pled no contest to, a felony? *In answering this question, the following convictions do not require a "yes" response: (1) a marijuana-related conviction that occurred more than two years ago, (2) an offense for which you were referred to, and participated in, a pre or post-trial diversion program, or (3) a conviction that has been expunged.*

Yes No Note: A conviction will not necessarily disqualify you from employment.

If yes, list date, city, state and nature of all felony offenses. If you need additional space, please use another piece of paper.

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?

Have you used names other than the name listed on your application?: Yes No

If yes, please list names:

Military Service

Branch of service:

Dates of service:

Duties/special training:

Professional References

Ref 1. (First/Last):

Phone:

Address:

City/St/Zip:

Relationship:

Time known:

Ref 2. (First/Last):

Phone:

Address:

City/St/Zip:

Relationship:

Time known:

Ref 3. (First/Last):

Phone:

Address:

City/St/Zip:

Relationship:

Time known:



Application Acknowledgement

Partnerships With Industry

By my signature,

- I understand that employment with Partnerships With Industry (PWI) is contingent upon successful completion of a post-offer physical examination, drug testing, reference check, credential review, credit standing and/or criminal background investigation and submission of a qualifying DMV record if PWI determines that such an examination, test, or investigation is appropriate for the position I have applied for.
- I authorize PWI to substantiate and verify my past employment, previous salary history, professional credentials, credit standing, and academic degrees, and to obtain information from references. I agree to release PWI from any liability arising from its efforts to obtain information from references and verify the information I provide to it in this application or separately, as well as PWI's use of such information in determining my eligibility for employment.
- I authorize my previous schools, employers, listed references, and others who have information about me, to release to PWI or its appointed investigative agencies, any relevant information, including transcripts, that may be requested in connection with my employment. I agree to release any previous employers, schools, and personal or professional references from any liability arising from or relating to information that they may provide about me to PWI.
- I understand that if I submit a résumé or any other document as requested during the application process, by signing this application I am certifying that all information contained in the résumé or other document is complete, true, and accurate.
- I understand that incomplete or incorrect information will result in my ineligibility for employment or termination of my employment if it is discovered after I am hired.
- I understand and agree that, if hired, my employment with PWI is at-will, meaning that it is for no definite period and may be terminated at any time without prior notice and without cause. I also understand that the at-will nature of the employment relationship is the entire agreement regarding the nature and duration of my employment and cannot be changed except in writing signed by PWI's President/CEO (in concurrence with the Board of Directors), which expressly states that it is changing the at-will nature of the employment relationship.
- I understand that this application does not represent a contract, nor does it guarantee that I will be hired.
- I understand that this application is considered current for thirty (30) days. If I wish to be considered for employment at a later time, I must renew and update my application at that time.

Applicant's signature

Date



Employment Verification

We received an application for employment from the following individual. This individual has listed you/your organization as a current or prior employer.

Please complete the information listed below and return this form at your earliest convenience. **You may fax this form directly to PWI's confidential Accounting/Human Resources Department at (619) 681-1993 or you may send it by mail to:**

**Partnerships With Industry
Accounting/Human Resources Department
7540 Metropolitan Drive, Suite 105, San Diego, CA 92108.**

For questions, please call PWI's Human Resources Department at (619)681-1999 extension 1107. Thank you for your timely assistance.

To be completed by: APPLICANT

Applicant Name (Print)

Other name(s) used Yes No

If yes, please list all names: _____

By signing this form, _____ Date _____ PWI has been
Applicant Signature authorized to obtain the following employment information:

To be completed by: EMPLOYER

Business Name: _____

Business Address: _____

Date Began: _____ Date Separated: _____

Reason for Separation: _____

Position / Job Title: _____

Ending Pay Rate: _____ Eligible For Rehire? Yes No

Verification Completed By:

_____ X _____
Name/Title (print) Authorized Signature Date

_____ _____ _____
Email Address Phone Fax

PWI Representative requesting information (print name) PWI Office Date Requested



Credential Verification Request

The following individual has listed your institution as a location where a degree has been attained.

Please complete the information listed below and return this form at your earliest convenience. You may fax this form directly to PWI's confidential Accounting/Human Resources Department at (619) 681-1993, email to our confidential email at pwi_ahr@pwiworks.org, or you may send it by mail to:

**Partnerships With Industry
Accounting/Human Resources Department
7540 Metropolitan Drive, Suite 105, San Diego, CA 92108.**

For questions, please call PWI's Human Resources Department at (619)681-1999 extension 1107. Thank you for your timely assistance.

To be completed by: APPLICANT

_____ Other name(s) used Yes No
Applicant Name (Print)

If yes, please list all names: _____

By signing this form, _____ PWI has been
Applicant Signature Date authorized to obtain the following credential information:

To be completed by: INSTITUTION/COLLEGE/UNIVERSITY

In order to complete the employment offer, a verification of the applicant's credentials must be received within a 14 day timeframe.

Date of employment offer: _____ Date verification must be returned: _____

Name of Institution: _____

Dates Attended: _____

Degree Earned (Degree type and category including any minors or concentrations (i.e. B.S. in Sociology with coursework in Social Services):

Verification Completed By:

_____ X _____
Name/Title (print) Authorized Signature Date

_____ _____ _____
Email Address Phone Fax

PWI Representative requesting information (print name)

PWI Office

Date Requested

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

The Immigration Reform and Control Act (IRCA) Prohibits Employment Discrimination

What You Should Know

Under IRCA, when hiring, discharging, or recruiting or referring for a fee, employers with four or more employees **may not**:

Discriminate because of **national origin** against U.S. citizens, U.S. nationals, and authorized aliens

Discriminate because of **citizenship status** against U.S. citizens, U.S. nationals, and the following classes of aliens with work authorization: permanent residents, temporary residents (that is, individuals who have gone through the legalization program), refugees, and asylees.

Employers can demonstrate compliance with the law by following the verification (1-9 Form) requirements and treating all new hires the same. This includes the following steps:

Establish a policy of hiring only individuals who are authorized to work. A "U.S. citizens only" policy in hiring is illegal. An employer may require U.S. citizenship for a particular job **only** if it is required by federal, state, or local law, or by government contract.

Complete the 1-9 Form for all new hires. This form gives employers a way to establish that the individuals they hire are authorized to work in the United States.

Permit employees to present any document or combination of documents acceptable by law. Employers **cannot** prefer one document over others for purposes of completing the 1-9 Form. Authorized aliens do not carry the same documents. For example, not all aliens who are authorized to work are issued "green" cards. As long as the documents are allowed by law and appear to be genuine and relate to the person, they should be accepted. Not to do so is illegal. Acceptable documents are listed on the reverse side.

IRCA established the Office of Special Counsel for Immigration-Related Unfair Employment Practices to enforce the IFIEA antidiscrimination provision. Discrimination charges are filed with this Office.

Charges or written inquiries should be sent to: The Office of Special Counsel for Immigration-Related Unfair Employment Practices, P.O. Box 27728, Washington, DC 20038-7728.

For more information, call the OSC Employer Hotline at 1-800-255-8155 (toll free); 1-800-362-2735 (TOO device for the hearing impaired).

For questions about Title VII, please contact the Equal Employment Opportunity Commission at 1-800-669-4000 (toll free) or 202-275-7518 (TOO).

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

