

ACHIEVE Human Services, Inc.



3250-A East 40th Street, Yuma, AZ 85365
Phone: (928) 341-0335 Fax: (928) 341-9462

OUR MISSION STATEMENT:

“Empower the individuals that we serve to live their lives to their greatest potential.”

EMPLOYMENT APPLICATION

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE APPLICATION FOR EMPLOYMENT

All requested information must be furnished. All information you provide will determine your eligibility for the position.

If any item does not apply to you, write “N/A” for Not Applicable. Note, for completing “Employment History”: Fill in **ALL** spaces accurately and completely. Please provide all related work experience, including volunteer and military. All new employees are required to produce documentation verifying their eligibility for employment in the United States at the time they are hired pursuant to Federal Law.

ACHIEVE HUMAN SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER
Women, Veterans and individuals with disabilities are encouraged to apply

Applicant Name: _____

Date of Application: _____

ACHIEVE Human Services, Inc. is a non-profit organization that establishes Government contracts to employ individuals with disabilities.

Do you have a disability? YES NO

Has this disability adversely impacted your ability to obtain and/or maintain employment?
 YES NO

*******INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED*******

POSITION APPLYING FOR: _____

Did you see this position on INDEED? YES NO

If NO, where did you find this posting: _____

Can you perform the essential functions of this position with reasonable accommodations?

YES NO

If NO, please explain: _____

I will accept (mark all that apply):

PERMANENT

TEMPORARY

SHIFT:

Full-Time

Full-Time

Days

Part-Time

Part-Time

Nights

SECTION A: APPLICANT INFORMATION
TYPE OR PRINT CLEARLY

First Name Middle Name Last Name

Address City State ZIP Code

Home Phone Email Address

Cell Phone

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO

SECTION B: EDUCATION AND TRAINING
TYPE OR PRINT CLEARLY

Do you have a High School Diploma or G.E.D: YES NO

Name of School: _____ City, State: _____

List Colleges, Universities, Trade or Business Schools Attended or any other training:

College/Trade School	City	State	Major	Degree	Type	Credit Hrs
				Y / N		
				Y / N		
				Y / N		
				Y / N		

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES NO

If yes, please describe:

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES NO

If YES, please explain and list offices held: (*Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.*)

Several of our government contracts require that our employees be able to speak, read and write the English language.

Are you proficient in the English language? YES NO Speak Read Write

Are you proficient in any other language? YES NO Speak Read Write

What is the language? _____

Are you currently, or have you ever been employed by ACHIEVE Human Services, Inc.?

YES NO

If YES, provide department(s) and dates employed:

Do you have any relatives currently or previously employed by ACHIEVE Human Services Inc.?

YES NO

If YES, give name of employee(s), relationship, and department:

SECTION C: EMPLOYMENT HISTORY
TYPE OR PRINT CLEARLY

Begin with your present employment and work back. Account for all time during the past 10 years. Include additional pages if necessary. **IF YOU PROVIDE A RESUME, YOU MUST INCLUDE ALL THE INFORMATION REQUESTED IN SECTION 'C' OF THE APPLICATION FOR EACH EMPLOYER, IN THE SAME FORMAT.**

Employer I: _____ **Position:** _____

Address _____ City _____ ST _____ ZIP _____

Phone Number: _____ Hours/Week: _____
Part-Time _____ Full-Time _____

Dates Employed _____ To: _____ Total: Years _____ Months _____

Hourly Rate/Salary Starting: \$ _____ Hourly Rate/Salary Ending: \$ _____

Supervisor's Name and Title:

Reason for Leaving? _____

May we contact employer? YES NO Number of people directly supervised: _____

Describe the job duties you performed in the above position (**do not state "see resume"**)

Employer II: _____ **Position:** _____

Address _____ City _____ ST _____ ZIP _____

Phone Number: _____ Hours/Week: _____
Part-Time _____ Full-Time _____

Dates Employed _____ To: _____ Total: Years _____ Months _____

Hourly Rate/Salary Starting: \$ _____ Hourly Rate/Salary Ending: \$ _____

Supervisor's Name and Title:

Reason for Leaving? _____

May we contact employer? YES NO Number of people directly supervised: _____

Describe the job duties you performed in the above position (**do not state "see resume"**)

Employer III: _____ Position: _____

Address _____ City _____ ST _____ ZIP _____

Phone Number: _____ Hours/Week: _____
Part-Time _____ Full-Time _____

Dates Employed _____ To: _____ Total: Years _____ Months _____

Hourly Rate/Salary Starting: \$ _____ Hourly Rate/Salary Ending: \$ _____

Supervisor's Name and Title:

Reason for Leaving? _____

May we contact employer? YES NO Number of people directly supervised: _____

Describe the job duties you performed in the above position (**do not state "see resume"**)

REFERENCES

Please provide three professional references

Name	Position	Company	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SECTION D: IDENTIFICATION

A Three-Year Driving Record Report will be required from DMV on all applicants applying for positions in which driving an Agency vehicle is an essential function of the job.

Do you have a valid Driver's License: YES NO

If YES, Provide License #: _____ Class: _____ State: _____

An Extensive Background check will be completed on all applicants applying for contract positions with the Department of Homeland Security and/or United States Border Patrol.

Have you ever been convicted of a Misdemeanor and/or Felony? YES NO

Convictions are evaluated in relation to job position and will not necessarily preclude employment

If YES, Provide: Date: _____ City: _____ State: _____

Nature of Offense: _____

Do you have a current and valid Level I Arizona Fingerprint Clearance Card? YES NO

If YES application # _____ expiration date _____

Have you ever been denied an Arizona Fingerprint Clearance Card or had it revoked? YES NO

If YES explain (include dates are reason): _____

SECTION E: CERTIFICATE OF APPLICANT

I, hereby, certify that the facts contained in this application are true, accurate and complete. I understand that any omissions or falsified statements on this application may be cause for disqualification from employment with ACHIEVE Human Services, Inc., or my dismissal. I, hereby, authorize ACHIEVE Human Services, Inc. to verify the accuracy of all statements contained in this application, resume, and any references and employers listed. I also authorize the employers/references listed to provide ACHIEVE Human Services, Inc. with all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information.

“I further understand that, if employed in a grant-funded position, my continued employment is contingent upon availability of funds and any position will be abolished when the grant expires unless alternate funding is secured.”

Applicant’s Signature

Date

ACHIEVE Human Services, Inc. is an Equal Opportunity Employer that is committed to diversity and inclusion in the workplace. Employment with the Agency will be determined on a bases of merit, competence, and qualifications. We prohibit discrimination and harassment of any kind based in any manner on race, color, sex, religion, sexual orientation, national original, veteran status, mental or physical ability, genetic information, or any other basis prohibited by statute.

EEO-1 Voluntary Self-Identification

Name: _____ Date: _____

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

Please check the EEO Identification Group that best applies to you:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- OR -

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.

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 or 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 of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: Male Female

Self-Identification for Veteran Status
Pre-Offer Protected Veteran Self-Identification Form [41 C.F.R. § 60-300.42]

ADVA Optical Networking North America, Inc. is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- (1) A "disabled veteran" is one of the following:
 - i. A veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - ii. A person who was discharged or released from active duty because of a service-connected disability.
- (2) A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- (3) An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- (4) An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you are a member of any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

The information will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN STATUS LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I DECLINE TO SELF IDENTIFY CONCERNING VETERAN STATUS

Signature: _____ Print Name: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005

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Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Chron's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition, for example, migraine headaches, Parkinson's Disease, or Multiple Sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record of Having A Disability
 No, I Do Not Have A Disability, Or Have A History/Record of Having A Disability
 I Do Not Wish to Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____