

SENECA CENTER
2275 Arlington Drive
San Leandro, CA 94578

Driver's License: _____ Social Security Number: _____
 (State) (Number)

If out-of-state license, please provide birth date: _____
 (In compliance with ADEA, age will not be used as a factor in employment opportunities)

1. PERSONAL

NAME (Last First Middle)	ARE YOU 18 YEARS OF AGE OR OLDER? []YES []NO IF NO, PLEASE STATE YOUR AGE:	TELEPHONE:	
ADDRESS AND ZIP CODE:	HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME?	LAST TB TEST:	LAST PHYSICAL:

2. POSITION DESIRED

TITLE:	LOCATION:	SALARY:	HOURS:	DATE AVAILABLE:
--------	-----------	---------	--------	-----------------

HOW DID YOU HEAR ABOUT THIS POSITION?

NEWSPAPER: _____
 Name of Newspaper

EMPLOYEE REFERRAL: _____
 Name of Employee

FLYER: _____
 Where Posted

JOURNAL/NEWSLETTER: _____
 Name of Journal

JOBFAIR: _____
 Location

OTHER: _____

3. PREVIOUS EMPLOYMENT

(List most recent experience first. If additional space is needed, please attach a separate page or write on back.)

NAME AND ADDRESS OF EMPLOYER:	TELEPHONE NUMBER:	FROM:	TO:
POSITIONS HELD/SIGNIFANT DUTIES:	REASON FOR LEAVING:		
NAME AND POSITION OF SUPERVISOR:	START	RATE OF PAY	END
MAY WE CONTACT THIS PERSON? [] YES [] NO	AVERAGE NO. OF HOURS WORKED PER WEEK:		

NAME AND ADDRESS OF EMPLOYER:	TELEPHONE NUMBER:	FROM:	TO:
POSITIONS HELD/SIGNIFANT DUTIES:	REASON FOR LEAVING:		
NAME AND POSITION OF SUPERVISOR:	START	RATE OF PAY	END
MAY WE CONTACT THIS PERSON? [] YES [] NO	AVERAGE NO. OF HOURS WORKED PER WEEK:		

NAME AND ADDRESS OF EMPLOYER:	TELEPHONE NUMBER:	FROM:	TO:
POSITIONS HELD/SIGNIFANT DUTIES:	REASON FOR LEAVING:		
NAME AND POSITION OF SUPERVISOR:	START	RATE OF PAY	END
MAY WE CONTACT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NO. OF HOURS WORKED PER WEEK:		

4. EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 6 7 8 9 10 11 12	COLLEGE: 1 2 3 4	DIPLOMA/DEGREE CONFERRED:	CURRENTLY ENROLLED IN COLLEGE/GRAD SCHOOL? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE EXPECTED COMPLETION DATE:
---	---------------------	---------------------------	--

NAME OF UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND LOCATION:	MAJOR SUBJECT:	NO. OF YEARS COMPLETED:	NO. OF UNITS COMPLETED:	DIPLOMA DEGREE OR CERTIFICATE:

5. BUSINESS REFERENCES

NAME & TITLE OF SUPERVISOR:	COMPANY NAME AND ADDRESS:	PHONE NUMBER WHERE PERSON CAN BE REACHED:

6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS

A. LIST LICENSES OR CERTIFICATES OF COMPETENCE HELD:
B. NAMES OF PROFESSIONAL ASSOCIATIONS OF WHICH YOU ARE A MEMBER (YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE OR THE EXISTENCE OF A DISABILITY):
C. HAVE YOU EVER WORKED FOR OR APPLIED FOR A POSITION WITH SENECA CENTER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?

7. OTHER INFORMATION

A. CAN YOU PERFORM THE FUNCTIONS OF THE JOB APPLIED FOR WITH OR WITHOUT REASONABLE ACCOMMODATION?	[] YES [] NO
B. IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?	[] YES [] NO
C. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? (CONVICTIONS FOR MISDEMEANOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED.)	[] YES [] NO
D. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	[] YES [] NO
E. DO YOU POSSESS A VALID DRIVER'S LICENSE?	[] YES [] NO

IF YOUR ANSWER TO C OR D ABOVE IS YES, PROVIDE THE FOLLOWING INFORMATION:

DATE	LOCATION	NATURE	DISPOSITION

(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)

I hereby certify that the above statements are true and correct to the best of my knowledge and agree to have any of the statements checked by Seneca Center unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom Seneca Center contacts, to provide Seneca Center any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Seneca Center as well as from any use or disclosure of such information by Seneca Center or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of Seneca Center. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of Seneca Center. I understand that no employee or representative of Seneca Center, other than its Chief Executive Officer, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above. Further, the Chief Executive Officer of Seneca Center may not alter the at-will nature of the employment relationship unless the Chief Executive Officer and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as successful completion of Seneca's Basic and Mentor training courses and a post-offer medical examination.

SIGNATURE OF APPLICANT:	DATE:
-------------------------	-------

Seneca Center is an equal opportunity employer. Seneca Center does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation or any other characteristic protected by applicable state or federal civil rights laws.

EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity purposes, and it will not become part of your personnel record if you are hired by Seneca Center.

Name (Please Print)

- AMERICAN INDIAN OR ALASKAN NATIVE**—All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN**—All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent.
- BLACK/AFRICAN-AMERICAN** (Not of Hispanic origin)—All persons having origins in any of the Black racial groups of Africa.
- HISPANIC or LATINO**—All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**—All persons having origins in Hawaiian Islands or any of the Pacific Islands.
- WHITE** (Not Hispanic origin)—All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- TWO or MORE RACES**

Thank you for your cooperation.



DISCLOSURE AND AUTHORIZATION FORM

The "Company" (Seneca Center) will procure a consumer report and/or investigative consumer report on you in connection with your employment application. Intelius Inc., a consumer reporting agency, will obtain the report for Seneca Center. Intelius is located at 500 108th Avenue NE, 25th Floor, Bellevue, WA 98004, and can be reached at (425) 974-6100.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: *social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, associates, current or former employers, educational institutions or other acquaintances.

Provided to you with this authorization is a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. Please do not sign the authorization until you have reviewed this summary.

You also are entitled to request more information about the nature and scope of the report by submitting a written request to: Intelius Inc., PO Box 1048 Bothell, WA 9804.

Intelius will obtain the following information on behalf of Seneca Center:

Social security number verification

Criminal records checks

Educational records checks

Verification of employment positions held

Professional references checks

In order to compile the investigative consumer report, Intelius requires that you provide the following information:

Employment / Reference:

* Can we contact your current employer? Yes No If you do not have a current employer but we can contact your previous employer, please check "yes".

Current or Most Recent Employer	Position Held	Department
Street	Employed From (Date to Date)	Final Salary
City/State/Zip	Supervisor	Phone with Area Code
Reason for Leaving	Another Supervisor	Phone with Area Code

Employer	Position Held	Department
Street	Employed From (Date to Date)	Final Salary
City/State/Zip	Supervisor	Phone with Area Code
Reason for Leaving	Another Supervisor	Phone with Area Code

Employer	Position Held	Department
Street	Employed From (Date to Date)	Final Salary
City/State/Zip	Supervisor	Phone with Area Code
Reason for Leaving	Another Supervisor	Phone with Area Code

Additional References:

* Please do not list relatives. Do not repeat people listed above. If you have other references, you may list internships, volunteer work, and professors. Please list only those who directly supervised you.

Name / Relationship	Agency / Organization Name	Phone(s) with are code
Name / Relationship	Agency / Organization Name	Phone(s) with are code
Name / Relationship	Agency / Organization Name	Phone(s) with are code

Education:

Name of Institution	City and State	Attendance Dates: Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree	Major	Name used during attendance

*Please indicate the highest level or most significant event in your educational history.

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**The FCRA gives several different federal agencies authority to enforce the FCRA:
FOR QUESTIONS OR CONCERNS REGARDING: PLEASE CONTACT:**

**CRAs, creditors and others not listed below
Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580 * 202-326-3761**

**National banks, federal branches/agencies of foreign
banks (word "National" or initials "N.A." appear in
or after bank's name)
Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 * 800-613-6743**

**Federal Reserve System member banks (except
national banks, and federal branches/agencies of
foreign banks)
Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 * 202-452-3693**

**Savings associations and federally chartered savings
banks (word "Federal" or initials "F.S.B." appear in
federal institution's name)
Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 * 800-842-6929**

**Federal credit unions (words "Federal Credit Union"
appear in institution's name)
National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 * 703-518-6360**

**State-chartered banks that are not members of the
Federal Reserve System
Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 * 800-934-FDIC**

**Air, surface, or rail common carriers regulated by
former Civil Aeronautics Board or Interstate
Commerce Commission
Department of Transportation
Office of Financial Management
Washington, DC 20590 * 202-366-1306**

**Activities subject to the Packers and Stockyards Act,
1921
Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250 * 202-720-7051**