



**IMPORTANT: THIS APPLICATION IS PART OF THE EXAMINATION PROCESS. IT MUST BE COMPLETELY FILLED OUT, SIGNED, AND DATED TO BE ACCEPTED. LATE AND/OR INCOMPLETE APPLICATIONS WILL BE REJECTED.**

**APPLICANT INFORMATION**

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City		State		ZIP			
Daytime Phone	E-MAIL ADDRESS: (BY SUPPLYING YOUR E-MAIL ADDRESS YOU AGREE TO RECEIVE NOTICES AND CORRESPONDENCE VIA EMAIL.)						
Other/Message Phone	<b>POSITION APPLIED FOR: HEALTH AIDE</b>						
Do you have a Child Development Permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide the document number:			No: _____	
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for SETA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____				
Do you have any relatives(s) currently employed by SETA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list name(s): _____				

**Accommodations: Describe any accommodation you may need in taking the examination:**

**Current/Former Head Start Parent?** YES  NO

**EDUCATION AND TRAINING:** YOU MAY BE REQUIRED TO SUBMIT VERIFICATION OF YOUR COLLEGE EDUCATION PRIOR TO EMPLOYMENT. IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES PERMITS OR CERTIFICATIONS PLEASE ATTACH THEM, ALONG WITH COPIES OF TRANSCRIPTS, WITH YOUR APPLICATION.

High School Graduate or Passed GED? YES  NO

Name & Location of College, University, or Trade School	Major/Course of Study	Units Completed		Diploma, Certificate, or Degree Received
		Semester Units	Quarter Units	

List current certificates of professional competence, licenses, membership in professional associations:

**SKILLS:** TYPING \_\_\_\_\_ WPM 10 KEY \_\_\_\_\_ LANGUAGE(S): \_\_\_\_\_ WRITTEN  VERBAL

**I AM PROFICIENT IN THE FOLLOWING SOFTWARE APPLICATIONS (LIST ALL):**

**REFERENCES: PLEASE LIST THREE PROFESSIONAL REFERENCES.**

<b>FULL NAME</b>		Relationship	
Company		Phone	
Address		E-mail:	
<b>FULL NAME</b>		Relationship	
Company		Phone	
Address		E-mail:	
<b>FULL NAME</b>		Relationship	
Company		Phone	
Address		E-mail:	

**EMPLOYMENT HISTORY: LIST YOUR RELEVANT WORK EXPERIENCE AND RELATED VOLUNTEER EXPERIENCE. BEGIN WITH YOUR MOST RECENT POSITION, INCLUDE U. S. MILITARY SERVICE. YOU MUST COMPLETE THIS SECTION IN ITS ENTIRETY, ATTACHING A RESUME INSTEAD OF COMPLETING THIS APPLICATION WILL RENDER YOUR APPLICATION INCOMPLETE. IF YOU NEED MORE SPACE, YOU MAY ATTACH ADDITIONAL DOCUMENTATION.**

Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	

Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	

Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	

Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	

**DISCLAIMER AND SIGNATURE/RELEASE OF INFORMATION (READ BEFORE SIGNING):**

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge. I understand that false statements and/or failure to meet legal minimum qualifications for this position will be sufficient cause to eliminate me from the examination or dismiss me from employment. I understand that if I am offered employment a medical examination and/or fingerprinting may be required. I hereby authorize the **SACRAMENTO EMPLOYMENT AND TRAINING AGENCY (SETA)** to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to **SETA** any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure.

In addition, I hereby release **SETA**, my 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.

Signature	Date
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