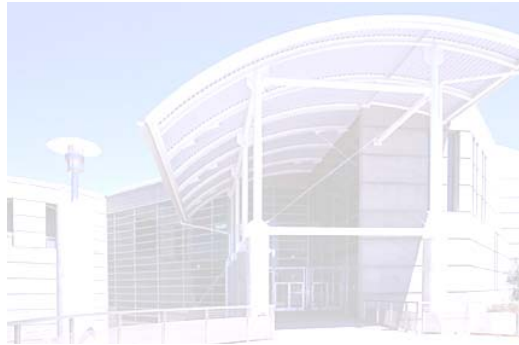


# Employment Application

## Chabot Space & Science Center



**Completing this application is your first step toward joining a dynamic workforce dedicated to creating a world-class education and entertainment experience**

*In order to present the strongest, most accurate record of your qualifications and skills, please read this packet and the recruitment announcement carefully prior to preparing your application.*

***Mail to:***

**chabot**   
**space & science center**

**Human Resources  
10000 Skyline Blvd  
Oakland, CA 94619**

# Application for Employment With the Chabot Space & Science Center

## Part 1. GENERAL INFORMATION

Please review all questions carefully before preparing your application.

POSITION (Job title)				RECRUITMENT ANNOUNCEMENT NUMBER
NAME (Last, First, and Middle Initial)				SOCIAL SECURITY NO. (Used for processing -Optional)
MAILING ADDRESS (Include apartment number, if any)		E-MAIL ADDRESS		HOME TELEPHONE
CITY	COUNTY	STATE	ZIP	WORK (or message) TELEPHONE

### Employment Preferences:

- Check types of employment you will accept:

SCHEDULE

- |                                    |                                    |   |                                    |
|------------------------------------|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> FULL-TIME | <input type="checkbox"/> PART-TIME | <input type="checkbox"/> TEMPORARY              | <input type="checkbox"/> AS NEEDED |
| <input type="checkbox"/> PROJECT   | <input type="checkbox"/> SEASONAL  | <input type="checkbox"/> INTERMITTENT (On-Call) |                                    |

## Part 2. BACKGROUND INFORMATION

- If a driver's license or other license, certificate, or registration is required for this position, please complete the following:
- Other than English, what languages do you speak, read, or write fluently?

License, Certificate, or Registration	License Number	Expiration Date
Driver's License		
CDL		
Other (Indicate type)		

- Have you been convicted of a Felony within the past seven (7) years that might unfavorably affect your fitness for this job? *(Answering yes will not automatically bar you from employment).*
- YES       NO

### How did you learn of this employment opportunity?

- |  |  |  |                                       |                    |
|--|--|--|---------------------------------------|--------------------|
| <input type="checkbox"/> UNEMPLOYMENT DEVELOPMENT DEPARTMENT NEWSPAPER | <input type="checkbox"/> ONE STOP CAREER CENTER: | COLLEGE/UNIVERSITY: _____                  | <input type="checkbox"/> CALJOBS      | PUBLICATION: _____ |
| <input type="checkbox"/> CSSC WEBSITE                                  | <input type="checkbox"/> OTHER WEBSITE: _____    | <input type="checkbox"/> EMPLOYEE REFERRAL | <input type="checkbox"/> OTHER: _____ |                    |

## Part 3. EDUCATION AND TRAINING

### Review of education:

- Have you graduated from high school or passed the GED?       YES       NO
- List college, business school, military training, and other relevant education.

School Name and Location	Month and Year Attended				Major	Type of Degree Awarded	Year degree received
		Quarter	Semester	Other (Specify)			
1	From /						
	To /						
2	From /						
	To /						
3	From /						
	To /						

## Part 4. EMPLOYMENT HISTORY

You may use this form for both volunteer and paid experience.

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving	<input type="checkbox"/> Volunteer		Number of Employees Supervised	
Specific Duties:					
2. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary

Immediate Supervisor's Name	Reason for Leaving	Volunteer <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:				
3. Present or Last Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name	Reason for Leaving	Volunteer <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:				
4. Present or Last Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name	Reason for Leaving	Volunteer <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:				

## Part 5. DATE AND SIGNATURE

**TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.**

All answers and statements are true and complete to the best of my knowledge. I understand that the CSSC may verify information, and that untruthful or misleading answers are cause for rejection of this application or dismissal if employed.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Month/Day/Year)

\_\_\_\_\_  
Signature

## Part 6. AFFIRMATIVE ACTION INFORMATION

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel.

Name (Last, First, Middle Initial)	Recruitment Announcement Number	Date of Birth	Social Security Number (Optional)
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1. What race(s) or culture(s) do you consider yourself?

- Black/African-American  
 Caucasian/White  
 Asian or Pacific Islander  
 Chinese       Vietnamese  
 Filipino       Asian Indian  
 Hawaiian       Japanese  
 Korean       Cambodian  
 Samoan       Laotian  
 Guamanian       Other API, specify: \_\_\_\_\_  
 American Indian  
 Eskimo  
 Aleut  
 Hispanic  
 Mexican, Mexican -American       Puerto Rican  
 Chicano       Cuban  
 Other Spanish, specify: \_\_\_\_\_  
 Other Race, specify: \_\_\_\_\_

2. Are you       Male       Female

3. Have you ever been on active duty in the U.S. Armed Forces?

- No       Yes\*      Dates: \_\_\_\_\_  
 Vietnam Era Veteran  
 Disabled Veteran (Percent of disability: \_\_\_\_\_%)

4. **Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions**, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning?       Yes       No  
Please see the definition of "disabilities" below.

I certify that this information is true and accurate to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes.

- Multi-Racial, preference: \_\_\_\_\_

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It is the policy of Chabot Space & Science Center to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sexual orientation, national origin, marital status, gender, age, disability, or Vietnam-Era veteran's status.