



Employment Application

Mail Completed Application to:

The Presidio Trust
P. O. Box 29052
San Francisco, CA 94129-0052
(415) 561-5300

Position Title Of Job You Are Applying For

Date

APPLICANTS: Please complete this form in its entirety. Incomplete applications may not be considered. You may attach, but not substitute, a resume. Please type or print clearly. Read and sign the last page.

GENERAL INFORMATION

Full Name (Last, First, Middle Initial)

Home Telephone Number

Home Address: (City, State, and Zip Code)

Daytime or Message Telephone Number

Email address (required)

Are you a U.S. citizen? Yes No

Employment with the Presidio Trust is usually limited to citizens of the United States. Non-citizens may be hired under exceptional circumstances, such as when no qualified citizens are available.

If you are not a U.S. citizen please give the country of your citizenship. _____

Immigration law requires public employers to hire only individuals who are eligible to be employed. Questions about eligibility for employment under immigration law should be directed to the U.S. Citizenship and Immigration Services (USCIS).

Are you over 18 years old? Yes No

If you are under 18, you must have a valid work permit to be considered for employment.

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law requires that you must register with the Selective Service System, unless you meet certain exemptions.

Are you a male born after December 31, 1959? Yes No If "No" skip next two questions.

Have you registered with the Selective Service System Yes No If "No" answer next question.

What is your reason for not registering with the Selective Service System? _____

Have you ever been employed by the Presidio Trust before? Yes No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Employment History

This section must be completed entirely. Do not substitute a resume. List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking.

Describe each job separately, emphasizing tasks and any supervisory, technical or other responsibilities. Explain all breaks in continuous employment. If more space is needed, additional pages can be added.

PRESENT OR LAST POSITION

EMPLOYER

FROM Month/Year

ADDRESS

TO Month/Year

YOUR TITLE

Full Time Part Time

SUPERVISOR'S NAME AND TELEPHONE

HRS/WEEK (If varied, indicate average)

DUTIES/RESPONSIBILITIES (Be specific):

Paid Unpaid

Per Hour:

Per Month:

Per Year:

REASON FOR LEAVING OR FOR CONSIDERING A CHANGE:

LAST YEARLY SALARY

EMPLOYER

FROM Month/Year

ADDRESS

TO Month/Year

YOUR TITLE

Full Time Part Time

SUPERVISOR'S NAME AND TELEPHONE

HRS/WEEK (If varied, indicate average)

DUTIES/RESPONSIBILITIES (Be specific):

Paid Unpaid

Per Hour:

Per Month:

Per Year:

REASON FOR LEAVING OR FOR CONSIDERING A CHANGE:

LAST YEARLY SALARY

EMPLOYER

FROM Month/Year

ADDRESS

TO Month/Year

YOUR TITLE

Full Time Part Time

SUPERVISOR'S NAME AND TELEPHONE
DUTIES/RESPONSIBILITIES (Be specific):

HRS/WEEK (If varied, indicate average)

Paid Unpaid

Per Hour: _____

Per Month: _____

Per Year: _____

REASON FOR LEAVING OR FOR CONSIDERING A CHANGE:

LAST YEARLY SALARY

EMPLOYER

FROM Month/Year

ADDRESS

TO Month/Year

YOUR TITLE

Full Time Part Time

SUPERVISOR'S NAME AND TELEPHONE
DUTIES/RESPONSIBILITIES (Be specific):

HRS/WEEK (If varied, indicate average)

Paid Unpaid

Per Hour: _____

Per Month: _____

Per Year: _____

REASON FOR LEAVING OR FOR CONSIDERING A CHANGE:

LAST YEARLY SALARY

Education

Mark highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

List all education, training, or other experience that illustrates your qualifications for the position. Include schools, degrees, military training, vocational or technical training programs, certification programs, relevant hobbies, etc. Give dates for each.

Last High School (HS)/GED school:

School's name	City, State, ZIP Code (if known)		Year Diploma/GED received
School Name	Total Credits (Semester/Quarter)	Major(s)	Degree and Year Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-Related Training Courses, Licenses, Certifications, Affiliations, and Memberships	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

The Presidio Trust is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color, religion, sexual preference, marital status, national origin, disability, or veteran status.

By signing below, I certify that to the best of my knowledge and belief, all of my statements and answers in this application are true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment.

In submitting this application, I authorize investigation of all matters which the Presidio Trust deems relevant to my qualifications for employment, including all statements contained in this application, and I release from all liability any persons or employers supplying such information, and I also release the Trust from all liability which might result from making the investigation.

I understand and agree that, should I be employed by the Presidio Trust, the employment relationship I have with the Trust will be on an AT-WILL basis. Upon hire, I will be required to acknowledge my at-will employment in writing. This means I am free to terminate my employment with the Trust at any time with or without cause or notice and that the Trust is similarly entitled to terminate my employment with or without cause or notice. I understand that any alteration of my at-will status may be made only by the Executive Director of the Trust acting with the authority of the Board of Directors.

With the exception of my at-will employment relationship, I acknowledge that the policies and procedures of the Trust, its employee handbook, and the conditions of my employment may be changed at any time by the Trust and do not and will not constitute an employment contract or imply any contractual obligations.

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States within three days of the date of hire by the Presidio Trust.

Signed

Date

The Presidio Trust

Application Survey

General Instructions: The information from this survey is used to help ensure that agency personnel practices meet the requirements of Federal law. **Your responses are voluntary.** Please answer each of the questions to the best of your ability. Please type or print clearly. Read each item thoroughly before checking a response or circling the code corresponding to the appropriate response.

Position _____

Date _____

Name _____

How did you learn about the position for which you are applying?

- | | |
|---|---|
| <input type="checkbox"/> 01 - Private information service | <input type="checkbox"/> 09 - Personnel Agency |
| <input type="checkbox"/> 02 - Magazine | <input type="checkbox"/> 10 - Federal Government Recruitment |
| <input type="checkbox"/> 03 - Newspaper | <input type="checkbox"/> 11 - Federal/State/Local Job information |
| <input type="checkbox"/> 04 - Radio | <input type="checkbox"/> 12 - Religious Organization |
| <input type="checkbox"/> 05 - TV | <input type="checkbox"/> 13 - School / College Counselor |
| <input type="checkbox"/> 06 - Poster | <input type="checkbox"/> 14 - Friend / relative working here |
| <input type="checkbox"/> 07 - Private employment office | <input type="checkbox"/> 15 - Friend / relative not working here |
| <input type="checkbox"/> 08 - State employment office | <input type="checkbox"/> 16 - Other, specify: |
-

1. Please indicate in the racial or ethnic group with which you identify:

- | | |
|--|--|
| <input type="checkbox"/> A - American Indian or Alaskan Native | <input type="checkbox"/> D - Hispanic |
| <input type="checkbox"/> B - Asian or Pacific Islander | <input type="checkbox"/> E - White, not of Hispanic origin |
| <input type="checkbox"/> C - African-American | |

3. Sex: Male Female

4. Do you have any disabilities? Yes No

Privacy Act Information: This information is provided pursuant to Public law 935-579 (Privacy Act, 1974); December 31, 1974, for individuals completing Federal records and forms that solicit personal information. AUTHORITY: Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code. PURPOSE AND ROUTINE USES: the information from this survey is used for research and for a Federal equal opportunity recruitment program to help ensure that agency personnel practices meet the requirements of Federal law. EFFECTS OF NONDISCLOSURE: Providing this information is voluntary. No individual personnel selections are made based on this information.

CONFIDENTIAL INFORMATION

The information collected on this sheet is used to determine your acceptability for Federal employment. All your answers must be truthful and complete. If you are applying for a position for which a vacancy announcement identifies an educational requirement (high school diploma or college degree), a job-related certification, a driver's license, or a background investigation, you will need to complete this form so that we may verify your qualifications.

In order to safeguard sensitive personally identifiable information, this sheet will be separated from your application upon receipt by the Presidio Trust Human Resources Office and kept in a confidential file in that office. If you are selected for the position you are applying for, this sheet will be filed in your confidential Official Personnel Folder along with other official papers documenting your employment.

The information on this sheet may be used by the Human Resources Office to coordinate a Background Investigation for Employment to determine your suitability for employment with the Presidio Trust. (Note: A Background Investigation for Employment is separate from a routine check of references conducted by the selecting official or supervisor who will be making the hiring decision.) You will be notified before a Background Investigation for Employment is initiated, and you will be provided with a complete statement of your rights in regard to that investigation.

Please provide the following information:

YOUR NAME: _____

TITLE OF JOB YOU ARE APPLYING FOR: _____

SOCIAL SECURITY NUMBER: _____

In order to keep your records in order, we request your Social Security Number (SSN) under the authority of Public Law 104-134 (April 26, 1996). This law requires that any person doing business with the Federal Government furnish an SSN or tax identification number. This is an amendment to title 31, Section 7701 of the United States Code. Failure to furnish the requested information may delay or prevent action on your application. We use your SSN to seek information about you from employers, schools, banks, and others who know you.

DRIVER'S LICENSE

Driver's License Number	Class	State	Expiration Date
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Most positions at the Presidio Trust have either a specific requirement for a driver's license, or have at least an occasional requirement that employees drive Presidio Trust vehicles. For those reasons we must verify that you are licensed to drive a vehicle. If you do not possess a current driver's license, enter "Not Applicable". (If you do not have a driver's license, and the vacancy announcement for the position you are applying for does not mention a need for a driver's license, then you will still be considered for the position you are applying for, and the fact that you do not have a driver's license will not prevent you from being selected for the position.) By entering your driver's license number on this form and signing below, you are authorizing the Presidio Trust to verify that your license is valid, and to re-verify the validity of your license on an annual basis (or as the Presidio Trust deems necessary) in order to insure that your license continues to remain in force.

CERTIFICATION:

By signing below, I certify that the information I have provided on this sheet is accurate and complete. I understand that any untrue or incomplete statements or material omissions of requested information may result in termination, should I become employed by the Presidio Trust.

Signature

Date

CONFIDENTIAL HUMAN RESOURCES DOCUMENT