



**Camp Carter International
 Contractor Application**
 12 S. First Street, Ste. 820, San Jose, CA., 95113
 (408) 971-4760
 WEBSITE: www.campcarter.net
An Equal Opportunity Employer

Independent Contractor Application

POSITION :

Social Security Number

Office Use Only:

Qualified
 Disqualified
 Education
 Experience
 Late

Date of Birth
(only if required on announcement)

Other
 Date List Established:

Rank: _____

Last Name	First Name	Middle Initial	Other names under which you have worked:
Address			Telephone Number (home)
City, State, Zip			Telephone Number (work)

Complete this application in its entirety. Incomplete or illegible applications may be disqualified. Check job announcement for minimum qualifications and examination process information. Documents submitted will not be returned. Applicants are subject to a background investigation.

EDUCATION

Have you completed 8th grade? Yes No Do you have a High School diploma or equivalent (GED or CA. Proficiency)? Yes No

Colleges, Universities (Name and Location)	Major	Dates Attended	Total Units Earned		Degree Received (AA, BA, BS, MA, etc.)
			Sem	Qtr	

Languages spoken other than English: Spanish Vietnamese Cantonese Mandarin Tagalog Ilocano Cambodian Sign Other:

Licenses or Certificates which are related to the position for which you are applying for :

List professional, trade, business, or civic activities and offices held which are related to the position for which you are applying for :

If required by the job announcement, do you have a valid California Driver's License? Yes No Class License Number

Restrictions (other than eyeglasses):

If no California Driver's License, do you have one from another state in the US? Yes No

State: Class: License Number:

EMPLOYMENT HISTORY Beginning with your current or most recent job, please list work experience for at least 10 years relevant to the position for which you are applying for. Additional relevant experience, even if more than 10 years, should also be listed. Use additional sheets or attach resume.

Dates of employment	Title of your position	Type of business or organization	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week
From: (month) (year) To: (month) (year)			

Name and Address (include city, state, ZIP) of Current and Most Recent Employer	Name/Title of your immediate supervisor
	Supervisor Phone: May we contact her/him? <input type="checkbox"/> Yes <input type="checkbox"/> No

Number of people and types of positions you supervised:

Description of Duties, Responsibilities, and Accomplishments

SSN:

Dates of employment From: (month) (year) To: (month) (year)		Title of your position	Type of business or organization	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week
Name and Address (include city, state, ZIP) of Current and Most Recent Employer			Name/Title of your immediate supervisor Supervisor Phone: May we contact her/him? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of people and types of positions you supervised:				
Description of Duties, Responsibilities, and Accomplishments				
Dates of employment From: (month) (year) To: (month) (year)		Title of your position	Type of business or organization	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week
Name and Address (include city, state, ZIP) of Current and Most Recent Employer			Name/Title of your immediate supervisor Supervisor Phone: May we contact her/him? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of people and types of positions you supervised:				
Description of Duties, Responsibilities, and Accomplishments				
Dates of employment From: (month) (year) To: (month) (year)		Title of your position	Type of business or organization	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week
Name and Address (include city, state, ZIP) of Current and Most Recent Employer			Name/Title of your immediate supervisor Supervisor Phone: May we contact her/him? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of people and types of positions you supervised:				
Description of Duties, Responsibilities, and Accomplishments				
Have you ever been fired from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details.				
Have you ever been convicted of an offense against the law? <input type="checkbox"/> Yes <input type="checkbox"/> No You may omit any traffic offense, which was an infraction and resulted in a fine of less than \$400. If yes, provide court and circumstances below. Conviction is not an automatic elimination for employment. Each case is considered individually; however, failure to list a conviction is cause for automatic ineligibility for hire or dismissal. It is company policy to obtain and review conviction records.				

CERTIFICATION OF APPLICANT (READ CAREFULLY BEFORE SIGNING)

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement of material facts will cause forfeiture of my eligibility for independent contract. I also understand that falsification or omission of information regarding convictions will result in my removal from eligible lists or dismissal from Camp Carter International employment. I understand that I give the right to Camp Carter International to check any information regarding my independent contract application.

Signature of Applicant: _____ Date: _____

Section 1233 of the California Government Code gives each applicant the opportunity to voluntarily indicate his/her identification on an employment application. Each applicant also has the opportunity to voluntarily identify any disability(s). This information will be used by Camp Carter International in conducting research and in compiling statistical reports regarding the composition of its job applicants and work force. It is illegal to use this information to discriminate against, or give preference to, a person for hiring or promotion. After this information has been recorded by the Employee Services Department, it will be removed from the application prior to review by hiring departments.

PLEASE INDICATE GENDER:

Male Female

PLEASE CHECK ONE BOX WHICH APPLIES TO YOUR ETHNIC GROUP:

- African-American/Black (not of Hispanic Origins):** All persons having origins in any of the Black racial groups of Africa.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish cultures, regardless of race.
- Native American or Alaskan Native:** All persons having origins in any of the original peoples of North America, or who maintain cultural identification through tribal affiliation.
- Filipino:** All persons having origins in the Philippine Islands
- White (not of Hispanic Origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

PLEASE CHECK APPROPRIATE BOX(ES):

- Person with a disability
- Visual disability
- Hearing disability
- Physical disability
- Mental and Psychiatric disability
- Other disability, Please Specify:

Do you need an accessibility accommodation to participate in the testing process? Yes No

Please explain:

How did you first learn of this job opportunity? Check one of the boxes below and fill in the name if appropriate.

- (1) Department of Employee Services
- (2) Job announcement posted elsewhere _____
- (3) City of San Jose employee _____
- (4) Newspaper advertisement _____
- (5) Magazine or Journal Advertisement _____
- (6) Job Faire _____
- (7) Radio advertisement _____
- (8) Television advertisement _____
- (9) Other sources _____