



**Rancho Cielo**  
Mailing: P.O. Box 6948  
Physical: 710 Old Stage Road  
Salinas, CA 93912  
[www.RanchoCieloYouthCampus.org](http://www.RanchoCieloYouthCampus.org)  
(831) 444-3533  
Fax: (831) 444-3550

---

### RANCHO CIELO IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

---

**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

## PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. **Name:** \_\_\_\_\_  
Last First Middle

2. **Address:** \_\_\_\_\_  
Street City State Zip

3. **Telephone Number:** ( ) - 4. **Email Address** \_\_\_\_\_

5. **Are you at least 18 years old?**  Yes  No *If employed & under the age of 18, can you furnish a work permit?*  Yes  No

6. **Do you have a legal right to work in the United States?**  Yes  No  
If employed, you will be required to provide proof.

7. **Have you applied to Rancho Cielo for employment in the past?**  Yes  No  
If yes, when? \_\_\_\_\_ Position applied for: \_\_\_\_\_

8. **Do you have any relatives currently employed by Rancho Cielo?**  Yes  No  
If yes, who? \_\_\_\_\_ What relation to you? \_\_\_\_\_

9. **Have you ever used another name that we would need to verify your employment experience and education?**  
 Yes  No If yes, indicate such name and the date the name changed:

---

10. **Are you currently employed?**  Yes  No *If yes, may we contact your current employer at anytime?*  Yes  No  
 You may contact my current employer, but only when: \_\_\_\_\_

# POSITION

- Position for which you are applying: \_\_\_\_\_  

First Choice
Second Choice
- Salary/wage desired: \_\_\_\_\_ per \_\_\_\_\_
- Are you available to work:
 

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call
<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime	<input type="checkbox"/> Split Shift
<input type="checkbox"/> Other: _____			
- When would you be available to start working? \_\_\_\_\_
- How did you hear about the availability of the position for which you are applying?
 

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Other: _____		
- If the position you are applying for requires the use of a vehicle, do you have a valid driver's license?  Yes  No  
 License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Have you been given a Job Description, or have the requirements of the job been explained to you?  Yes  No  
 Do you understand these requirements?  Yes  No
- Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?  Yes  No
- Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts?  Yes  No

# SPECIAL SKILLS AND TRAINING

- Describe specialized training, apprenticeships, skills or research:  
 \_\_\_\_\_  
 \_\_\_\_\_
- List current certifications and/or professional licenses, if any, and where registered:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Office/business equipment and software qualified or trained to use:  
 \_\_\_\_\_  
 \_\_\_\_\_

- Check special skills or training:
 

<input type="checkbox"/> Youth Coaching	<input type="checkbox"/> Teaching	<b>Please Check Software and List Programs (i.e., Word, Excel, etc.):</b> <input type="checkbox"/> Word Processing _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Spreadsheet _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Database _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Accounting _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Other _____ <input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Equestrian	<input type="checkbox"/> Musical	
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Public Relations / Marketing	
<input type="checkbox"/> Woodworking	<input type="checkbox"/> Administrative	
<input type="checkbox"/> Culinary	<input type="checkbox"/> Supervisory Experience	

5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# EMPLOYMENT EXPERIENCE

**Directions:** Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

**THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.**

1.	Employer	<b>Dates Employed</b>		<b>Key Responsibilities</b>
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
	Job Title			
	Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <b>Why?</b>			

2.	Employer	<b>Dates Employed</b>		<b>Key Responsibilities</b>
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
	Job Title			
	Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <b>Why?</b>			

3.	Employer	<b>Dates Employed</b>		<b>Key Responsibilities</b>
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
	Job Title			
	Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <b>Why?</b>			

4.	Employer	Dates Employed from ____ to ____	Address	Job Title
5.	Employer	Dates Employed from ____ to ____	Address	Job Title
6.	Employer	Dates Employed from ____ to ____	Address	Job Title
7.	Employer	Dates Employed from ____ to ____	Address	Job Title

