



## HMONG CULTURAL CENTER OF BUTTE COUNTY

P.O. Box 2134 or 1704 Oro Dam Blvd. W

Oroville, CA 95965-2134

Phone: (530) 534-7474 Fax (530) 534-7477

Email: [info@hmongculturalcenter.net](mailto:info@hmongculturalcenter.net)

### Job Application

**\*\*Please include a cover letter and resume with your application\*\***

1. Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Last First MI
3. Place of Residence (provide Mailing address if different):  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_
5. Social Security: \_\_\_\_\_ Current Driver License #: \_\_\_\_\_ Class: \_\_\_\_\_ Issuing State: \_\_\_\_\_

#### 6. Employment Eligibility Verification:

- C. Are you a U.S. Citizen, permanent resident, or a foreign national with authorization to work in the United States? Yes  No
- D. Are you at least 18 years of age? Yes  No

7. Do you have family members or relatives serving on the HCCBC Board of Directors or employed by the Hmong Cultural Center of Butte County? Yes  No
- If Yes, who? \_\_\_\_\_

#### 8. Convictions/Criminal

- A. Have you ever been convicted of a crime other than a minor traffic violation? Do not include convictions which have been sealed, expunged, or statutorily eradicated. Yes  No

**\*\* If you answered YES to the above question, please attach an additional sheet to explain.**

#### 9. Language Skills:

Please check the boxes in which you have fluency in.

**Hmong:**  Speaking  Writing  Reading  
**English:**  Speaking  Writing  Reading  
 Others (please list): \_\_\_\_\_

**10. References:**

A. List three references (professional references preferred) who are not related to you.

Name	Address	Phone	Occupation	Years Known
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Name	Address	Phone	Occupation	Years Known
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Name	Address	Phone	Occupation	Years Known
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**11. Education, High School:**

A. High School: Are you a high school graduate, or have your GED?  Yes  No

B. Name and location of high school(s):

School Name	Location (mailing address)	Years Completed	Diploma
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**12. Education, College, Business/Trade School:**

School Name	Location (mailing address)	Units Completed	Major	Degree/Certificate
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**Professional License or Certificate:**

Type of License	Number	Issue Date	Expiration Date
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### 13. Experience:

A. Begin with the most recent job. List the job(s) you held, duties performed, skills used or learned, advancements/promotions while you worked at the company.

1. From (mo./yr. \_\_\_\_\_ to (mo./yr. \_\_\_\_\_) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Final Salary \$ \_\_\_\_\_

Hour per Week: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes No

2. From (mo./yr. \_\_\_\_\_ to (mo./yr. \_\_\_\_\_) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Final Salary \$ \_\_\_\_\_

Hour per Week: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes No

3. From (mo./yr. \_\_\_\_\_ to (mo./yr. \_\_\_\_\_) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Final Salary \$ \_\_\_\_\_

Hour per Week: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes No

4. From (mo./yr. \_\_\_\_\_ to (mo./yr. \_\_\_\_\_) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Final Salary \$ \_\_\_\_\_  
Hour per Week: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?    Yes    No

I HEREBY CERTIFY that all statements made in connection with the application and attachments are complete and true to the best of my knowledge. I understand that giving false or misleading information is grounds for disqualification from employment, or for dismissal if discovered at a later date. I authorize the verification of any or all information listed above.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Optional:**

I found out about this job opening from (Check one)

- A friend of relative     The Agency's online Job listing     Local stores     Newspaper     Publications     TV     Radio  
 Others \_\_\_\_\_