

EMPLOYMENT APPLICATION

Please return this application to the address on the last page. You may be contacted for an interview upon review of this application.

Name Cortney wilson			Date _	7/28/2021
Address1240 Fillmore # 1212	City	San Franciso	0	94115 Zip Code
Home Phone				
EmailFa	x Number			
	EMPLOY	MENT HISTO	RY	
Please list th (Or attach a résu		nost recent job requested info	•	
Position_Night maintenance	Dat	es Employed	2018	
Cracker Barrel	 Տսլ	pervisor		
Address	_ City		Zip)
Daytime Phone Fax		Email		
Lead custodian Position	Dat	es Employed ₋	2019	
CompanyPlanned companies	Տսլ	pervisor		
Address				
Daytime Phone Fax		Email		
Custodian Position_	Dat	es Employed		- 2020-2021
Tenderloin neighborhoo	d			
Address 1251 Turk at		_		
Daytime Phone Fax				



EDUCATION

(Or attach a résumé if ALL requested information is included.)

Current High School/College Name:
Major:
Fresh Soph Jr Sr Graduate
ADDITIONAL INFORMATION
LightHouse for the Blind and Visually Impaired is a Federal contractor and an Equal Opportunity Employer. LH is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans. In order to comply with these laws, (Abbr. Name) invites applicants and employees to voluntarily self-identify their gender, race/ethnicity and protected veteran status. (Abbr. Name) does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.
Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.
Check one of the following:
Male Male
Female
I choose not to self-identify
Check one of the following race/ethnic groups defined on the following page:
Hispanic or Latino

_ White (Not Hispanic or Latino)



X Black or African American (Not Hispanic or Latino)	
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	
Asian (Not Hispanic or Latino)	
American Indian or Alaska Native (Not Hispanic or Latino)	
Two or More Races (Not Hispanic or Latino)	
I choose not to self-identify	
Check one of the following:	
$\underline{}$ I identify as one or more of the classifications of protected veterans as defined on following page	the
I am not a protected veteran.	
I choose not to self-identify	

Ethnicity and Race Definitions

- **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the
 original peoples of North and South America (including Central America), and who maintain tribal
 affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** A person who identifies with more than one of the above five races.



Protected Veteran Definitions

- **Disabled Veteran** one of the following:
 - o a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- **Recently Separated Veteran** any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- Active Duty Wartime or Campaign Badge Veteran a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed forces service medal veteran a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Please list volunteer experiences:				
Current				
Past				
What are your special skills, interests, talents, and hobbies?				
What languages do you speak, read, or write?				
Are you fluent?				
How did you hear about the LightHouse?				
Have you ever worked with blind or visually impaired persons? Yes No				
If yes, please describe:				
Do you have a valid California Driver License? Yes No				
Driver's License # Evairation date				



REFERENCES

Please list three references; employment references preferred. (Or attach a reference sheet if ALL requested information is included.)

Name		
Currant super Relationship		
		Zip Code
Home Phone 415 573-5954	_ Day Phone_	Fax
Email		No. of years acquainted
Victoria castro Name		
Property mana Relationship	ager	
Address	City	Zip Code
Home Phone	_ Day Phone_	Fax
Email		No. of years acquainted
Letica Robinson Name		
Desk clerk Relationship		
		Zip Code
Home Phone	_ Day Phone_	Fax
Email		No. of years acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the



undersigned applicant or a preparer and/or translator (signature provided), have completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

$\overline{}$	employed, regardless of the time elapsed bef	ore discovery.
<u>`</u> W	I understand LightHouse will check my crimin employment process. Additionally, I agree to motor vehicle record check will be performed insurance coverage. To the best of my knowledge.	be fingerprinted and, if applicable, a along with verification of auto
<u>Ch</u>	I hereby authorize LightHouse to thoroughly education and other matters related to my su authorize the references I have listed to disclereports and other information related to my venotice of such disclosure. In addition, I herelemployers and all other persons, corporations any and all claims, demands or liabilities arisi investigation or disclosure.	nitability for employment and, further, ose to LightHouse any and all letters, work records, without giving me prior by release LightHouse, my former s, partnerships and associations from
Ch	I understand that at the time of hire, I must documentation that establishes my identity a States. Acceptable documents are listed on form (I-9), and I may choose which documents	nd my eligibility to work in the United the Employment Eligibility Verification
(<u> </u>	LightHouse is an equal opportunity employer for the job based upon job related qualification religion, sexual orientation and gender, nation protected groups under state, federal or local	ons, regardless of race, color, creed, nal origin, age, disability or other
Signat	ture	7/28/2021 Pate

Preparer and /or Translator (if applicable)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge, as dictated to me, the information is true and correct.

Signature			
Signature			



Print Name	Cortney wilson
7/28 Date	/2021
Full Address_	1240 Fillmore st #1212 San Francisco California 94115

Return completed application to:
Human Resources Department
LightHouse for the Blind and Visually Impaired
1155 Market St., 10th Floor
San Francisco, CA 94103
(415) 431-1481
Fax (415) 863-7568
(HR@lighthouse-sf.org)

Thank you for your interest in employment with LightHouse for the Blind and Visually Impaired and taking the time to thoroughly complete this application.

LightHouse is an equal opportunity employer. LightHouse policy and the law prohibit discrimination and harassment based on an individual's race, ancestry, religion or religious creed (including religious dress and grooming practices), color, age (40 and over), sex, gender, sexual orientation, gender identity or expression, genetic information, national origin (including language use restrictions), marital status, medical condition (including cancer and genetic characteristics), physical or mental disability (including HIV and AIDS), military or veteran status, pregnancy, childbirth, breastfeeding and related medical conditions, denial of Family and Medical Care leave, height and weight, or any other classification protected by federal, state, or local laws, regulations, or ordinances. Our policy and the law prohibit co-workers, third parties, supervisors, and managers from engaging in such conduct.

LightHouse personnel are employed on an at-will basis. Employment at-will means that the employment relationship may be terminated, with or without cause and with or without advance notice at any time by the employee or the Agency.

We strive to maintain a scent-free environment and a drug-free workplace. Employees are expected to behave in accordance with these objectives.

Received:	Interview 1:	Interview
2:	_	