## **California Center for Cooperative Development**

979 F Street, Suite A-1, Davis, CA 95616 530-297-1032 www.cccd.coop CCCD is an Equal Opportunity Employer

## Please select the position(s) you are applying for:

Food & Ag Cooperative Development Specialist

Other Relevant Technology @ Level 3 or above:

Food & Ag Cooperative Programs Director

Please complete, save, and return via email to: coops@cccd.coop

Print Name	<b>:</b> Last		First	Middle I	nitial			۸	Naiden or Other Na	me
Address:	Number	Street	Apt/Unit # (i	f applicable)	City	State	Zip Code			
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Complete n	nailing addres	s (if diff	from home <b>)</b>	<i>:</i>						
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D) Are yo	u able/willing	to work	coccasional	overtime, inc	luding we	ekends?	Yes	No		
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## References

Please list name, address, and position/occupation of **three** references you are affiliated with <u>professionally</u> who are not related to you. One must be your present or most recent employer.

Please note if you want to be contacted before we communicate with the reference.

1) Name: Organization: Address: Professional Relationship:	Position: Email: Tel:
2) Name: Organization: Address: Professional Relationship:	Position: Email: Tel:
3) Name: Organization: Address: Professional Relationship:	Position: Email: Tel:
	Carefully, Initial Each Paragraph, and Sign Below Center for Cooperative Development (CCCD)
employers, and that the answers given by me are undersigned applicant, have personally complete	gly withheld any information, including providing a complete list of my past 4 true and correct to the best of my knowledge. I further certify that I, the d this application. I understand that any omission or misstatement of material fact ecure employment shall be grounds for rejection of this application or for immediate osed before discovery.
for employment and further authorize the refere other information related to my work records, wi	investigate my work record, education, and other matters related to my suitability nces I have listed to disclose to the organization any and all letters, reports and ithout giving me prior notice of such disclosure. In addition, I hereby release the persons, corporations, partnerships and associations from any and all claims, related to such investigation or disclosure.
during my employment, if hired, is intended to c and agree that if I am employed my employment or without prior notice, at the option of either m	the application, or conveyed during any interview (which may be granted) or reate an employment contract between me and CCCD. In addition, I understand t is for no definite or determinable period and may be terminated at any time, with syself or CCCD, and that no promises or representations contrary to the foregoing writing and signed by me and CCCD's designated representative.
I understand that eligibility for registrate fingerprinting and an approved criminal background that the second sec	tion as a California Homecare Aide is required for this position, and that requires und check.
Date	Applicant's Signature