



## EMPLOYMENT APPLICATION

Please complete the entire application.

### 1. Employer Information

Employer:

Coaching Corps, 310 8<sup>th</sup> St., Oakland, CA 94607

It is the policy of Coaching Corps to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status. See our advertisement for our full statement on this.

We currently do not have an electronic applicant tracking system, so we appreciate your patience in filling out this form through printing and writing. Please print legibly.

### 2. Applicant Information

Applicant Full Name:

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City/State/Zip: (no street address please, this is only to check remote status)

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Email Address:

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Preferred phone for call backs:

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### 3. Emergency Contact

Who should be contacted if you are involved in an emergency while interviewing with us?

Contact Name:

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Relationship to you:

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Daytime phone:

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Evening phone:

\_\_\_\_\_

**4. Job Position Applied For:**

\_\_\_\_\_

Full or Part-Time preferred?

\_\_\_\_\_

**5. Who referred you to our company? \_\_\_\_\_**

**Where did you find the job posting? Please list here: \_\_\_\_\_**

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

**6. Have you applied to our company previously?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, when?

\_\_\_\_\_

**7. Are you at least 18 years old?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**8. If applicable, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**9. If you are offered employment, when would you be available to begin work?**

\_\_\_\_\_

**10. If hired, are you able to submit proof that you are legally eligible for employment in the United States?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**11. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**What reasonable accommodation, if any, would you request? This form is for HR.**

\_\_\_\_\_

## 12. Applicant's Skills

Check those skills that you have. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents beginner/needs to learn, while five represents exceptional ability.)

### Ability or Skill Years of Experience Rating (please check all that apply)

Microsoft Office Suite (Word, Excel, PowerPoint)

# of years: \_\_\_\_\_

Proficiency Level: 1 2 3 4 5

Comments \_\_\_\_\_

How many years of experience do you have as an Executive Assistant to a C-Level Executive?

# of years: \_\_\_\_\_

Proficiency Level: 1 2 3 4 5

Comments \_\_\_\_\_

How many years' experience with Adobe Acrobat or Premiere Pro?

# of years: \_\_\_\_\_

Proficiency Level: 1 2 3 4 5

Comments \_\_\_\_\_

How many years' experience do you have writing minutes and emails on behalf of a C-Level Executive?

# of years: \_\_\_\_\_

Proficiency Level: 1 2 3 4 5

Comments/Details: \_\_\_\_\_

How many years fluency in utilizing remote meeting software (e.g. Zoom, Ring Central, or similar software)?

# of years: \_\_\_\_\_

Proficiency Level: 1 2 3 4 5

Comments/Details on which one \_\_\_\_\_

Do you have a minimum of 7 years of administrative support experience?

yes \_\_\_ no \_\_\_

## 13. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application. Please do not answer "see resume" and feel free to use an additional paper if needed.

Employer Name:

\_\_\_\_\_

Supervisor Name:

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Address:

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City/State/ZIP:

---

Job Duties:

---

Reason for Leaving:

---

Dates of Employment (Month/Year):

---

**Employer Name:**

---

Supervisor Name:

---

Address:

---

City/State/ZIP:

---

Job Duties:

---

Reason for Leaving:

---

Dates of Employment (Month/Year):

---

**Employer Name:**

---

Supervisor Name:

---

Address:

---

City/State/ZIP:

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Job Duties:

---

Reason for Leaving:

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Dates of Employment (Month/Year):

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#### **14. Applicant's Education and Training**

College/University Name and Address

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Did you receive a degree?

Yes

No

If yes, degree(s) received: \_\_\_\_\_

If yes, GPA: \_\_\_\_\_

High School/GED Name and Address

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Did you receive a degree?

Yes

No

If yes, GPA: \_\_\_\_\_

Other Training (graduate, technical, vocational, internships, relevant volunteer):

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Please indicate any current professional licenses or certifications that you hold:

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Awards, Honors, Special Achievements:

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Military Service:

Yes  No

Branch:

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## 15. References

List any two non-relatives who would be willing to provide a reference for you.

**Name:**

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Address:

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City/State/ZIP:

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Telephone:

---

Relationship:

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**Name:**

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Address:

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City/State/ZIP:

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Telephone:

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Relationship:

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16. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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### CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Coaching Corps to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

There will be a separate authorization for background checks after a conditional offer has been made, if applicable.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**See next page for Voluntary Self-ID to be maintained separately.**

## EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report. While Coaching Corps is not required to do this, we aim to improve our recruitment efforts through gathering this information when possible.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting/or recruiting metric purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department.

**Please return completed forms to the HR department with your application via email to [careers@coachingcorps.org](mailto:careers@coachingcorps.org).**

If you choose not to self-identify your race/ethnicity at this time, the organization may determine this information by visual survey and/or other available information.

NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DATE COMPLETED: \_\_\_\_\_

GENDER:

(Please check one of the options below)

Male  Female  Non-binary  Prefer not to disclose

RACE/ETHNICITY (as defined by federal EEO):

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

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 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.

Native American 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 maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.