



APPLICATION FOR EMPLOYMENT

Last Name		First	MI	Position Desired		Date of Application	
Street Address				Desired Hourly Wage		Social Security #	
City		State	Zip	Home Telephone #		Cell Phone #	
Email Address		Means of Transportation	CA Driving Lic #	Current Car Ins	Company & Policy #	Insurance Expiration	

Employment record – starting with the present or most recent, list all previous employers, including self –employment and summary of part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application also.

Last or Present Employer		Type of Business		Job Title	Full time () Part time()
Address		Phone #		Brief Description of Job Duties	
City	State	Zip	Supervisor May we contact now? __ Yes __ No		
Reason for Leaving				Dates Worked From	To
Last or Present Employer		Type of Business		Job Title	Full time () Part time()
Address		Phone #		Brief Description of Job Duties	
City	State	Zip	Supervisor May we contact now? __ Yes __ No		
Reason for Leaving				Dates Worked From	To
Last or Present Employer		Type of Business		Job Title	Full time () Part time()
Address		Phone #		Brief Description of Job Duties	
City	State	Zip	Supervisor May we contact now? __ Yes __ No		
Reason for Leaving				Dates Worked From	To

Educational History

School Name	Location	Major Course or Subject	Graduated	Degree

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please inform the hiring manager if you require reasonable accommodation to complete the application or interview.

Summarize your special skills or qualifications			
Adaptive Skills training experience	Years of Experience	CPR / First Aid	PART/ C.P.I Certification
Behavior Management Experience	Can you perform the essential job duties listed in position applied for without limitation	If No – please explain	List Language Spoke Written

Criminal Background		Employment Eligibility	
Have you ever been convicted of any criminal offence (Felony or Misdemeanor) within the last seven years. If Yes: Please explain		Are you legally eligible to work in the United States?	

Professional / Work References				
List two past employers and one non-related person who have knowledge of your qualifications for the positions for which you are applying.				
Name	Relationship	Address	Phone#	Occupation
Date available for work	Mornings	Days	Evenings	Asleep Overnight
Total Hours willing to work	Afternoons	Weekends	Awake Overnight	Roommate

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge .I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is at-will, and that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the Executive Director of the Company.

Signature _____ Date _____

For Office Use: Reference Check

Name	Date / Time	Outcome

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