

**APPLICATION FOR EMPLOYMENT**

**An Equal Opportunity Employer**

**Position Applied For:** \_\_\_\_\_ **Full Legal Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: Home No.** \_\_\_\_\_ **Cell No.** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ **CPR/First Aid: Yes** \_\_\_/\_\_\_ **No** \_\_\_/\_\_\_ **Current** \_\_\_/\_\_\_ **Expired** \_\_\_

**Education**

High School (highest year completed): 1 2 3 4 Year graduated \_\_\_\_\_

College (highest year completed) 1 2 3 4 5 6 7 8 Year graduated \_\_\_\_\_

If graduated (please fill-up below)

Name of Institution	Degree Received	Major or Specialty	Minor	Dates Attended

**Special Skills (please check)**

___ Speak other languages _____	___ Illustrator _____
___ Adobe Flash _____	___ Dream Weaver _____
___ Excel _____	___ Web Design _____
___ QuickBooks _____	___ Power Point _____
___ Internet _____	___ Photo Shop _____

**License (to include driver's), certificate of other authorization to practice a trade or profession**

Please provide two forms of identification

TYPE	LICENSE NUMBER	GRANTED BY (LICENSING BOARD)

**Miscellaneous (Please check)**

- a. Which shift you will accept     Day     Evening     Rotating     Weekends
- b. Which job status you will accept     Full-time     Part-time
- c. Which employment status you will accept     Salaried     Hourly
- d. Will you accept employment which requires travel:     Yes     No
- e. List the geographic locations where you are willing to work. If anywhere in California, write "all" \_\_\_\_\_
- f. Are you willing to provide your own transportation if necessary for employment?  
 Yes             No
- g. Have you ever been convicted for any violations of law, including but not limited to moving traffic violations?  
 Yes             No

If yes, please describe the offense in detail, including the statute \_\_\_\_\_

\_\_\_\_\_

Date of Charge \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

County, City, State of Conviction: \_\_\_\_\_

**Employment Experience (List most recent or present employer/s first)**

**Employer** \_\_\_\_\_ **Job Title** \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor/Title \_\_\_\_\_

Duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Salary (start) \_\_\_\_\_ (last) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Type of Employment ( ) Part time \_\_\_\_\_

( ) Full time \_\_\_\_\_

Hours/Week \_\_\_\_\_

**Employer** \_\_\_\_\_ **Job Title** \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor/Title \_\_\_\_\_

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

Start Dates \_\_\_\_\_ End Date \_\_\_\_\_

Salary (start) \_\_\_\_\_ (last) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Type of Employment ( ) Part time \_\_\_\_\_

( ) Full time \_\_\_\_\_

Hours/Week \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor/Title \_\_\_\_\_

Duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Salary (start) \_\_\_\_\_ (last) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Type of Employment ( ) Part time \_\_\_\_\_

( ) Full time \_\_\_\_\_

Hours/Week \_\_\_\_\_

**References (Includes Employment and Personal)**

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP

**Desired Hourly Wage** \_\_\_\_\_ **Previous Hourly Wage** \_\_\_\_\_

**CERTIFICATION**

I hereby certify under penalty of perjury that all the information I provided are true and complete. I agree and understand that any falsification of information herein, regardless of time and discovery, may cause forfeiture on my part of any employment.

I also understand that all information in this application is subject to verification and I consent to criminal history background checks. Likewise, I consent that you can contact my references, former employers and educational institutions listed in connection with this application.

I further authorize **Oceanview Adult Day Program** to rely upon and use, as it sees fit, any information received from such contacts. Information contained in this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

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

**Signature**

\_\_\_\_\_

**Applicant's Printed Name**