

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Name (Last, First, Middle):

Are you over the age of 18? Yes No

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

GENERAL INFORMATION

Which position are you applying for?

Are you applying for Regular Full-Time Work Regular Part-Time Work Temporary Work (Summer, etc.)Are you available on weekends Yes NoAre you willing to work overtime? Yes No

If hired, when can you start?

Salary/Wages Desired?

Have you ever applied for work at Supported Unlimited Possibilities, Inc., before? Yes No

If yes, when?

Do you have friends/relatives working at Supporting Unlimited Possibilities, Inc.? Yes No

If yes, please state their name(s) and relationship:

Why are you applying for work at Supporting Unlimited Possibilities, Inc.?

If hired, do you have a reliable means of transportation to and from work? Yes NoAre you at least 18 years of age? Yes NoIf hired, can you present evidence of your legal right to work in this country? Yes NoAre you able to perform the essential functions of the job for which you are applying? Yes No

If yes, please identify what you consider to be the essential functions:

If no, please describe the functions you cannot perform:

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any criminal convictions. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a criminal offense (Felony or Serious Misdemeanor)? Yes No

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case:

EDUCATIONAL HISTORY

School	Name and Address:	# of Years Completed:	Did You Graduate?	Degree or Diploma:
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Care			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have the essential knowledge to perform the job you are applying for? Yes No

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EDUCATIONAL HISTORY (CONTINUED)

Do you have any other experience, training, qualification or skill which you feel make you especially suited for work at Supporting Unlimited Possibilities, Inc.? Yes No

If yes, please explain:

EMPLOYMENT INFORMATION

List below all present and past employment, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Are you currently working? Yes No

If yes, may we contact your employer? Yes No

Name of Employer:

Type of Business:

Street Address:

City/State/ZIP:

Phone:

Immediate Supervisor's Name:

Position Duties:

Dates of employment: From

To

Weekly Pay: Beginning

Ending

Reason for leaving:

Name of Employer:

Type of Business:

Street Address:

City/State/ZIP:

Phone:

Immediate Supervisor's Name:

Position Duties:

Dates of employment: From

To

Weekly Pay: Beginning

Ending

Reason for leaving:

Name of Employer:

Type of Business:

Street Address:

City/State/ZIP:

Phone:

Immediate Supervisor's Name:

Position Duties:

Dates of employment: From

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Weekly Pay: Beginning

Ending

Reason for leaving:

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Immediate Supervisor's Name:

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To

Weekly Pay: Beginning

Ending

Reason for leaving:

Name of Employer:

Type of Business:

Street Address:

City/State/ZIP:

Phone:

Immediate Supervisor's Name:

Position Duties:

Dates of employment: From

To

Weekly Pay: Beginning

Ending

Reason for leaving:

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REFERENCES

List below three persons, not related to you, who have knowledge of your work performance within the last three years:

Name:	Address:	Phone:	Occupation:	# of years acquainted:

CERTIFICATION

_____(Initials) 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/correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection to this application or for immediate termination if I am employed, regardless of the time elapsed before discovery.

_____(Initials) I hereby authorize Supporting Unlimited Possibilities, Inc., to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and further authorize the references I have listed to disclose to Supporting Unlimited Possibilities, Inc., any such notice of disclosure. In addition, I hereby release Supporting Unlimited Possibilities, Inc., my former employers, and all other persons from any and all claims, demands or liabilities arising out or in any way related to such investigation or disclosure.

_____(Initials) I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me at Supporting Unlimited Possibilities, Inc. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Supporting Unlimited Possibilities, Inc.

_____(Initials) Mediation/Arbitration: I agree and understand that, as a condition of employment, I voluntarily waive all rights to a civil action involving allegations of unlawful harassment, discrimination, and/or wrongful termination, and I agree to submit any such disputes to mediation and/or binding arbitration.

SIGNATURE

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

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Please be sure to attach clear copies of the following:

- ❖ Driver's License
- ❖ Social Security Card
- ❖ DSP Certificate(s) (If Available)
- ❖ Administrator Certificate (If Available)
- ❖ Other Certificates (First Aid, CPR, CPI, etc.)

PRIVACY STATEMENT:

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 Et. Seq.), notice is given for the request of the Social Security Number (SSN) on this form.

The California Department of Social Services is required to conduct a criminal record check by Health and Safety Code Sections 1522, 1568.09, 1569.17 and 1598.871. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check. No disclosure of personal information will be made unless permitted by the Federal Privacy Act and the California Information Practices Act. Pursuant to Civil Code Section 1798.24(e), disclosure may be made to another state or law enforcement agency or governmental agency.

If you have any questions about this form, or want to access any personal information maintained on you by this Department, please contact your local Licensing office.

ACKNOWLEDGMENT:

I have read and understand the above statement.

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date: