

CENTRAL COAST KIDS & FAMILIES, LLC

Employment Application



Please print and use ink. Applications are considered for a ninety-day period only. If you wish to be considered after ninety days from the date of this application, please reapply.

APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address					Apartment/Unit #						
City				State		Zip Code					
Phone				E-mail Address							
Date Available			Desired Salary			Social Security No.					
Position Applied for					How did you learn of our company?						
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Hours Available for Employment		Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Morning <input type="checkbox"/>		Afternoon <input type="checkbox"/>		Evening <input type="checkbox"/>	Weekend <input type="checkbox"/>
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you currently employed?							
YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, may we inquire of your present employer?							
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Have you ever been fired or asked to resign from a job?							
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Have you ever been convicted of a Crime? If yes, please explain the last section on page three.							
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Have you ever served in the United States military?							
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you at least 18 years old?							
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Is there any reason you may not be able to work on a regular basis or report to work on time?							

EDUCATION										
High School				City & State						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree
College				Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree
Other				Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree

SKILLS
Please list any skills you may have which might be useful in evaluating you for a position
Computer Skills:
Languages: English
Office Skills:
Technical Skills:
Other:

REFERENCES

Please list three persons not related to you, whom you have known at least one year.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENTList most recent employment firms. Include voluntary work and military experience. Refer to resume

Company			Phone		
Address			Supervisor		
Job Title	Starting Salary		Ending Salary		
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title	Starting Salary		\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title	Starting Salary		\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

ACKNOWLEDGEMENT OF POLICY

Initial _____	I authorize investigation of all statements contained in this application and any supporting documents. I authorize this firm, identified at the top of page one of this application, to secure information about my education or experience from former employers, educational institutions, government agencies, or other references I have provided, and for those parties to provide information concerning my education or experience, and hereby release all parties from any liability arising from such investigation. I specifically authorize investigation of my driving record with the Department of Motor Vehicles and consumer credit history.
Initial _____	I understand that if I am offered employment, I will, as a condition of such employment, be required to submit proof of my identity and legal right to work in the United States of America.
Initial _____	I understand that if I am offered employment, I will, as a condition of such employment, be required to submit proof of that I am 18 years or older.
Initial _____	I understand that if my job requires me to drive in the course of employment, I will be required to possess a current and valid driver's license.
Initial _____	I understand that the policy of this firm places certain restrictions on the employment of our employees outside of regular hours. If employed, I agree not to accept work from any other firm or clients other than that work which is declared and described below: _____ _____
Initial _____	I agree that, if I am offered employment, to abide by all rules and regulations of this firm.
Initial _____	I agree that, if I am offered this position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without notice. I understand that no supervisor, manager or administrator may alter or amend above conditions.
Initial _____	I understand that if I am offered employment, I will, as a condition of such employment, be required to provide an appropriate specimen and consent to have the specimen tested for alcohol and/or drugs by laboratory selected by this firm. I authorize the release of the test results, positive or negative, to the management of this firm.
I have read, understand, acknowledge, and agree to abide by all of the above statements. I consent to all investigation authorizations herein above stated.	
Signature	Date:

RECORD OF CRIMINAL CONVICTION

Complete this section only if you have ever been convicted of a crime.

A criminal conviction does not automatically mean that you will not be employed. Factors such as how long ago the conviction occurred, what the conviction was for and your rehabilitation will be considered. List all convictions with dates. You may include any mitigating factors that you feel should be considered.

DISCLAIMER AND SIGNATURE

I certify that all of the information contained on this application is true and authorize its investigation and agree that any false statement, misrepresentation or omission of facts on this application or on my supporting documents, regardless of when discovered will result in immediate dismissal

Signature	Date
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