

A Better Life Together Employment Application

NAME: _____

POSITION: _____

DATE: _____

We consider applicants for all positions without regard to race, color, religion, political affiliation, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please print)

POSITION(S) APPLIED FOR			DATE OF APPLICATION	
HOW DID YOU LEARN ABOUT US?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____
LAST NAME		FIRST NAME		MIDDLE
ADDRESS NUMBER	STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S)	EMAIL ADDRESS		SOCIAL SECURITY NUMBER (Voluntary for ID)	
			-	-
Have you ever filed an application with us before?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, give date:</i>				
Have you ever been employed with us before?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, give date:</i>				
Have you ever been employed under a different name?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list all names used. _____				
Are you available to work:				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary				
On what date would you be available for work?				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment</i>				
Do you possess a valid California Driver's License?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
DL Number _____				
Has your driver's license ever been suspended or revoked?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain on the back of form.				
Can you perform the essential functions of the position desired with or without a reasonable accommodation? If no, describe the functions that cannot be performed.			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you IHSS certified?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you open to providing personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so what type of discharge did you get? _____		

AVAILABILITY

On the chart below please **place an 'X' in the days and hours that correspond with your availability to work**. In the example column it shows the applicant can work on Sunday from 7am-12pm and also from 5pm-10pm.

	EXAMPLE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12AM								
1AM								
2AM								
3AM								
4AM								
5AM								
6AM								
7AM	X							
8AM	X							
9AM	X							
10AM	X							
11AM	X							
12PM	X							
1PM								
2PM								
3PM								
4PM								
5PM	X							
6PM	X							
7PM	X							
8PM	X							
9PM	X							
10PM								
11PM								

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, political affiliation, gender, national origin, disabilities or other protected status.

1.

EMPLOYER		DATES EMPLOYED FROM TO	
ADDRESS			
TELEPHONE NUMBER(S)	JOB TITLE/POSITION	SUPERVISOR (S)	
WORK PERFORMED		REASON FOR LEAVING	

2.

EMPLOYER		DATES EMPLOYED FROM TO	
ADDRESS			
TELEPHONE NUMBER(S)	JOB TITLE/POSITION	SUPERVISOR (S)	
WORK PERFORMED		REASON FOR LEAVING	

3.

EMPLOYER		DATES EMPLOYED FROM TO	
ADDRESS			
TELEPHONE NUMBER(S)	JOB TITLE/POSITION	SUPERVISOR (S)	
WORK PERFORMED		REASON FOR LEAVING	

4.

EMPLOYER		DATES EMPLOYED FROM TO	
ADDRESS			
TELEPHONE NUMBER(S)	JOB TITLE/POSITION	SUPERVISOR (S)	
WORK PERFORMED		REASON FOR LEAVING	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
 You may exclude membership that would reveal gender, race, religion, national origin, political affiliation, age ancestry, disability other protected status.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List Licenses or Certificates of Competence Held.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills - check skills/equipment operated

<input type="checkbox"/> PC	<input type="checkbox"/> Outlook	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> 10-Key	<input type="checkbox"/> Filemaker	_____	_____
<input type="checkbox"/> Word	<input type="checkbox"/> MAS 90/200	_____	_____
<input type="checkbox"/> Excel	<input type="checkbox"/> MS Windows	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Business References

1.	_____	()	_____
	NAME & COMPANY		PHONE

	ADDRESS		
2.	_____	()	_____
	NAME & COMPANY		PHONE

	ADDRESS		
3.	_____	()	_____
	NAME & COMPANY		PHONE

	ADDRESS		

Applicant's Statement

I certify that the information submitted in this application is true and correct. I further certify that I have not knowingly withheld any information which might adversely affect my chances for employment, and that I, the undersigned applicant, have personally completed this application. I understand that if any misrepresentation is found or the results of the investigations are not satisfactory, any offer of employment may be withdrawn, and that if I am already employed, my employment may be terminated immediately.

I specifically authorize A Better Life Together to thoroughly investigate my references, work record (including performance and discipline histories), education, and all other matters related to my suitability for employment. I further authorize the references and prior employers I have listed to disclose to the A Better Life Together any and all letters, reports, review and disciplinary materials, and other information related to my work records and performance, without providing me with prior notice of such disclosure. In addition, I hereby release A Better Life Together, my former employers, and all other persons and entities from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure, including but not limited to claims for defamation, slander, libel, negligent or fraudulent misrepresentation, and invasion of privacy.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that if an offer of employment is made, a background investigation will be conducted with respect to my prior employment, education, credit, DMV, criminal, as well as a pre-employment health and drug screening.

I understand that nothing contained in this application for employment or in the granting of an interview is intended to create an employment contract between the A Better Life Together and me. I understand that no promise or guarantee regarding employment is binding on A Better Life Together unless made in writing. If an employment relationship is established, **I understand that both A Better Life Together and I may terminate my employment at any time for any reason, or for no reason at all, unless otherwise agreed upon in writing by me and the Company's president.**

Signature of Applicant

Date