



HAVEN OF HOPE

APPLICATION FOR EMPLOYMENT

Note: Applicants must have all sections filled out before being considered for employment. Applicants may write on the back of the page or attach additional pages as necessary.

GENERAL INFORMATION

Date _____

Name _____ Phone _____
Last First M.I.

Address _____ City _____ State _____ Zip _____

Are you 18 years or older? _____ Are you a U.S. Citizen? _____

Position Applying for: _____ Date you can start: _____

How did you learn of the position: _____

EDUCATION

School Level	Name & Location of School	# of Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Post-Graduate				
Other Please Specify				

*PLEASE ATTACH RESUME

FORMER EMPLOYERS

(List below your last three employers, starting with most recent)

Please list related Job Experience (up to 10 years) on the back of this page.

Name of Present or Last Employer: _____

Address: _____ City _____ State _____ Zip _____

Job Title: _____

Duties: _____

Name & Title of Supervisor: _____ Phone _____

May We Contact? Yes ___ No ___ Full Time ___ Part Time ___

Starting Date: _____ Ending Date: _____ Reason for leaving: _____

Name of Present or Last Employer: _____

Address: _____ City _____ State _____ Zip _____

Job Title: _____

Duties: _____

Name & Title of Supervisor: _____ Phone _____

May We Contact? Yes ___ No ___ Full Time ___ Part Time ___

Starting Date: _____ Ending Date: _____ Reason for leaving: _____

Name of Present or Last Employer: _____

Address: _____ City _____ State _____ Zip _____

Job Title: _____

Duties: _____

Name & Title of Supervisor: _____ Phone _____

May We Contact? Yes ___ No ___ Full Time ___ Part Time ___

Starting Date: _____ Ending Date: _____ Reason for leaving: _____

REFERENCES

(LIST THE NAMES OF 3 PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

Name	Address	Phone Number	# of Years Acquainted

Have you ever been convicted of a felony? Yes () No ()

If yes, please describe (a criminal record is not an automatic disqualification of an applicant) Please see CRIMINAL RECORD STATEMENT for further information.

Please read the following statements. Initial in the parentheses in front of each statement if you understand and agree with that statement.

- () I can perform the essential functions of the job for which I am applying, with or without reasonable accommodation.
- () I understand and agree that an employment offer from the Agency is contingent or conditioned on my passing a job-related physical examination. I agree to consent to take such examination at such time as designated by the Agency and release the Agency, its directors, officers, agents and employees from any claim arising from or connected in any way to the examination, the use of the examination, or my consent to release medical information. ("The Agency" refers throughout this application to Haven of Hope).
- () I further understand and agree that if I am considered as a final candidate for any position with the Agency, the Agency will fingerprint and do an investigation of criminal convictions.
- () I agree that if I am hired, I will be employed at the will of the Agency and my employment can be terminated at any time, with or without cause and with or without notice. I understand and agree that I may terminate my employment at any time for any reason without prior notice since my employment relationship with the Agency is at will.
- () I also understand and agree that my wages, hours, and working conditions are subject to change by the Agency at any time, except that the arbitration of termination and other employment disputes and my employment-at-will status cannot be changed at any time except in a written document signed by the Agency's Executive Director that expressly states that it is modifying the arbitration of disputes provision and/or the employment-at-will status.
- () I agree that if I am hired, I will follow all Agency policies, rules, procedures and all other Agency directions.
- () I understand and agree that nothing in this application is intended to create an employment contract unless I am hired by the Agency. I understand and agree that should I be hired, all of the provisions contained in this application for employment will be part of the employment arrangement between the Agency and me and are binding on me unless and until such provisions are changed by the Agency. As already noted and agreed to by me, I understand and agree that the employment-at-will status and the arbitration of all termination and employment disputes cannot be changed during my employment except in a written document signed by the Agency's Executive Director that expressly states that it is modifying the arbitration of disputes provision and/or the employment-at-will status.
- () I understand and agree that if my job requires driving vehicles for the Agency, I will be required to obtain an acceptable DMV driving record and personal insurability.

RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize Haven of Hope, or its authorized representative bearing this release or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, credit or educational records including, but not limited to academic achievement, attendance, athletics, personal history, performance reports, and medical records which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for verification of the qualifications for employment at Haven of Hope.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or their repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

Full Name: _____
Please print name

Full Name: _____
Signature

Date: _____ Social Security Number: _____

Current Address: _____

Telephone Number: Day: _____
Night: _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements, or the failure to provide information, on this application can be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any information they may have, and release all parties from all liability for any damage that may result from furnishing same to you."

Signature of Applicant

Date

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any U.S. conviction. 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 crime in California? ☐ No ☐ Yes

Have you ever been convicted of a crime from another state or federal court? ☐ No ☐ Yes

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the following page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY NAME

Haven of Hope

FACILITY NUMBER

YOUR NAME (PRINT CLEARLY)

YOUR ADDRESS, CITY, STATE & ZIP

SOCIAL SECURITY NUMBER
(SEE PRIVACY STATEMENT ON FOLLOWING PAGE)

DATE OF BIRTH

DMV LICENSE NUMBER

SIGNATURE

DATE

I. INSTRUCTIONS TO APPLICANTS:

If you have been convicted of a crime in California, another state, or in federal court, provide the following information:

What was the offense?

Location of Offense?

Date of incident?

Please explain circumstances (Use additional sheets of paper if needed)

Signature _____ Date _____

II. INSTRUCTIONS TO LICENSEES:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPS.

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 1596.871. 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 entity.

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



HAVEN OF HOPE

POLICIES & PROCEDURES

CERTIFICATION

Policy: Employee Driving of Agency Owned Vehicles

Due to the nature of the insurance coverage on agency vehicles it is necessary for us to consider an applicant's driving record as part of the criterion for hiring.

Print Name: _____

Do you possess a valid driver's license? Yes ____ No ____

Do you have reliable transportation? Yes ____ No ____

Driver's license number: _____ Expiration Date: _____

Does your driving record contain any moving violations? Yes ____ No ____

If yes, how many? _____ What year(s)? _____

Were you issued a citation? Yes ____ No ____

What was the nature of the citation(s)? _____

Any accidents? Yes ____ No ____ What Year(s)? _____

Were you issued a citation? Yes ____ No ____

Employee Signature

Date