



n o r t h e r n c a l i f o r n i a
Center for Well-Being

Employment Application Form

Please complete all sections.

Date: _____

Name _____
Last First Middle Maiden

Present Address _____

Telephone: _____ Cell: _____ If under 18, please list age _____

E-Mail: _____

Position applied for: _____ Salary desired: _____

Have you ever applied to work here before?_ If yes, explain: _____

How did you hear about this position? _____

Date available to begin? _____ How many hours can you work weekly? _____

Please indicate availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you able to perform the essential functions of this position (with or without accommodation)? Yes No

If hired, can you show proof of eligibility to work in the United States? Yes No

Do you have reliable transportation to come to work? Yes No

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation on a separate sheet of paper.

Complete this section only if the position requires you to drive:

Do you have a valid driver's license? Yes No

Driver's license number: _____ License type: _____

Expiration date: _____ State of issue: _____

Have you had any accidents during the past three years? Yes No How many?

Have you had any moving violations during the past three years? Yes No How many?

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Education					
Type of school	Name of school	Location (complete address)	Number of years completed	Did you graduate?	Major & degree
High School or GED					
College					
Bus. Or Trade School					
Professional School					

Other Skills	
Languages spoken:	
Level of fluency:	
Typing speed:	
Please describe the relevant computer programs/software that you use, and explain your level of proficiency with each:	

Work Experience			
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
Start Date:	End Date:	Job Title:	Supervisor Name:
Starting Salary:	Company Name:		Supervisor Phone Number:
Ending Salary:	Address:		May we contact?
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Reason for leaving:			

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Work Experience (continued)

Start Date:	End Date:	Job Title:	Supervisor Name:
Starting Salary:		Company Name:	Supervisor Phone Number:
Ending Salary:		Address:	May we contact?

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Reason for leaving:

Start Date:	End Date:	Job Title:	Supervisor Name:
Starting Salary:		Company Name:	Supervisor Phone Number:
Ending Salary:		Address:	May we contact?

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Reason for leaving:

Start Date:	End Date:	Job Title:	Supervisor Name:
Starting Salary:		Company Name:	Supervisor Phone Number:
Ending Salary:		Address:	May we contact?

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Reason for leaving:

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Application Form Waiver

(Please initial each paragraph and sign below)

In exchange for the consideration for my job application by the Center for Well-Being (hereinafter called "the Center"), I agree that:

_____ Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personal manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Center practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Center for Well-Being, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Center. Both the undersigned and the Center for Well-Being may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Center may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

_____ I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Center permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Center from any liability as a result of such contract.

_____ I understand I may be required to take a post-offer/pre-employment physical examination that will include an alcohol and drug test and the Center reserves the right to conduct such testing at any time.

_____ I further understand that my employment with the Center shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period of thereafter, my employment relation with the Center is terminable at will for any reason by either party.

_____ I understand that all offers of employment are conditioned upon my providing proof of my identity and legal right to work in the United States.

I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge.

Signature of applicant _____ **Date** _____

The Center for Well-Being is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regarding race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Please use additional pages to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Thank you for completing this application form and your interest in our agency.