



INDEPENDENCE, DIGNITY & SELF-WORTH

Application For Employment

Important: Applications are part of the hiring process and must be filled out completely, even if resume is submitted, to be accepted for consideration.

Position Desired: _____ Date of Application: _____
 Type of Employment Desired: Full Time Part Time Date Available: _____
 How did you learn about this position? _____
 What hours are you available to work? _____ to _____

PERSONAL INFORMATION

Last Name _____ First Name _____ M.I. _____
 Other name(s) you are known by: _____
 Daytime Phone _____ Evening Phone _____ Cell Phone _____
 Present Address _____ City _____ State _____ Zip _____

If hired, can you present evidence of your U.S. citizenship or proof of you legal right to live and work in the U.S.?
(Proof of identity and legal authorization to work in the U.S. is a condition of employment.) _____ Yes _____ No
 Are you at least 18 years old?
(If under 18, hire is subject to verification that you are of minimum legal age.) _____ Yes _____ No
 Do you have a valid California Driver License?
 Driver's License Number: _____ Expiration: _____ Yes _____ No
 Do you have reliable means of transportation to and from work?
 _____ Yes _____ No

EDUCATION

	Name and Address of School	Circle Yrs. Completed	Did You Graduate?	Subjects Studied Degrees Received
High School	_____	1 2 3 4	Y N	
College	_____	1 2 3 4	Y N	
Post College	_____	1 2 3 4	Y N	
Graduate, Trade Business School	_____	1 2 3 4	Y N	
Other	_____			

Professional Certificates and/or Licenses held: _____
 Are you presently taking any educational courses? Yes No
 If Yes, What and Where? _____
 List skills relevant to the position applied for: _____

GENERAL INFORMATION

Have you ever been employed by VAC? Yes No Position held: _____

Have you ever applied at this organization before? Yes No Position applied for: _____

Are you related to a VAC employee by blood or marriage? Yes No

If yes, indicate name and relationship: _____

Are you currently employed? Yes No If so may we contact your current employer? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No If No, explain: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently certified in First Aid or CPR? Yes No

If Yes indicate type of certification and expiration date:

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

(Note: A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

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

PROFESSIONAL REFERENCES

Please list below the name, and contact information, for three professional references.

Name	Address and Phone	Occupation	Years Known
1			
2			
3			

EMERGENCY CONTACT INFORMATION

Please list person(s) to be notified in case of an emergency.

Name:		Telephone Number:	
Address:	City:	State:	Zip:
Name:		Telephone Number:	
Address:	City:	State:	Zip:

EMPLOYMENT / WORK EXPERIENCE

List below jobs held for the last ten years, starting with the most recent. (Attach additional sheets if needed)

Date M/Y	Company Name & Address	Rate of Pay	Position Held	Reason for Leaving
From		Starting _____		
To		Ending _____		
Supervisors Name: _____ Phone: _____ May we contact the employer? Yes/No				
Duties Performed: _____				

Date M/Y	Company Name & Address	Rate of Pay	Position Held	Reason for Leaving
From		Starting _____		
To		Ending _____		
Supervisors Name: _____ Phone: _____ May we contact the employer? Yes/No				
Duties Performed: _____				

Date M/Y	Company Name & Address	Rate of Pay	Position Held	Reason for Leaving
From		Starting _____		
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Supervisors Name: _____ Phone: _____ May we contact the employer? Yes/No				
Duties Performed: _____				

Date M/Y	Company Name & Address	Rate of Pay	Position Held	Reason for Leaving
From		Starting _____		
To		Ending _____		
Supervisors Name: _____ Phone: _____ May we contact the employer? Yes/No				
Duties Performed: _____				

RELEASE AND ACKNOWLEDGEMENT

1. I authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to Valley Achievement Center, and release all parties involved from any liability and responsibility for doing so. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.

2. I understand that if I am considered for employment by Valley Achievement Center, I will be required to submit to a post-offer drug/alcohol testing (which will be paid for by The Company) and to authorize the release of the test results to The Company. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.

3. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.

4. I authorize my employer to make any investigation deemed necessary for employment consideration and promotion within the organization.

5. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. Employment by Valley Achievement Center is at will. I further understand that my employment with The Company does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this organization.

6. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.

7. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).

8. I acknowledge that I have read all of the above statements and that I understand them.

Applicant Signature: _____

Date: _____