



## Employment Application

An Equal Opportunity Employer

### Please Print

Date	Last Name	First Name	Middle
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Present Address

No. & Street	City	State	Zip Code
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Permanent Address (if different from present address)

No. & Street	City	State	Zip Code
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Mobile Phone	Home Phone	Email
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### Employment Desired

Position applying for:

Are you applying for:

Regular full-time work? Yes  No

Regular part-time work? Yes  No

Temporary work, e.g., summer or holiday work? Yes  No

Other than time off for reasons related to your religion, a disability or medical condition, are there any days or times when you are unavailable to work?

If applying for temporary work, during what period will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

# Employment Application

Would you be available to work overtime, if necessary?      Yes  No

If hired, what date can you start work?

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## Personal Information

How did you hear about our company and this job opening?

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Have you ever applied to or worked for Wild Iris Family Counseling before?    Yes  No

If yes, when?

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Why are you applying for work at Wild Iris Family Counseling and Crisis Center?

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If hired, would you have a reliable means of transportation to and from work?    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

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?      Yes  No

If no, describe the functions that cannot be performed.

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(Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and to skill and agility tests.)

**We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.**

# Employment Application

## Education, Training, and Experience

### High School

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Name

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Address

City

State

Zip Code

No. of years completed: \_\_\_\_\_ Did you Graduate: Yes  No  Degree or Diploma: \_\_\_\_\_

### College/University

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Name

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Address

City

State

Zip Code

No. of years completed: \_\_\_\_\_ Did you Graduate: Yes  No  Degree or Diploma: \_\_\_\_\_

### Vocational/Business

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Name

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Address

City

State

Zip Code

No. of years completed: \_\_\_\_\_ Did you Graduate: Yes  No  Degree or Diploma: \_\_\_\_\_

### Health Care Training

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Name

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Address

City

State

Zip Code

No. of years completed: \_\_\_\_\_ Did you Graduate: Yes  No  Degree or Diploma: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Wild Iris Family Counseling and Crisis Center? Yes  No

If yes, please explain:

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# Employment Application

## Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes  No

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Name of license/certification                      License/certification number                      Issuing State

Has your license/certification ever been revoked or suspended? Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

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## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

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Name of Employer                      Type of Business                      Your Supervisor's Name

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No. & Street                      City                      State                      Zip Code

Dates of Employment:

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From/To

---

Your Position and Duties

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Reason for Leaving

Current employer? Yes  No

May we contact this employer for a reference? Yes  No

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Name of Employer                      Type of Business                      Your Supervisor's Name

---

No. & Street                      City                      State                      Zip Code

Dates of Employment:

---

From/To

# Employment Application

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Your Position and Duties

---

Reason for Leaving

May we contact this employer for a reference? Yes  No

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---

Name of Employer

Type of Business

Your Supervisor's Name

---

No. & Street

City

State

Zip Code

Dates of Employment:

---

From/To

---

Your Position and Duties

---

Reason for Leaving

May we contact this employer for a reference? Yes  No

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---

Name of Employer

Type of Business

Your Supervisor's Name

---

No. & Street

City

State

Zip Code

Dates of Employment:

---

From/To

---

Your Position and Duties

---

Reason for Leaving

May we contact this employer for a reference? Yes  No

# Employment Application

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Name of Employer	Type of Business	Your Supervisor's Name	
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No. & Street	City	State	Zip Code
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Dates of Employment:

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From/To

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Your Position and Duties

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Reason for Leaving

May we contact this employer for a reference? Yes  No

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

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First Name	Last Name	Phone Number	
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Address & Street	City	State	Zip Code
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Occupation	No. of Years Acquainted		
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First Name	Last Name	Phone Number	
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Address & Street	City	State	Zip Code
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Occupation	No. of Years Acquainted		
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# Employment Application

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First Name	Last Name	Phone Number	
Address & Street	City	State	Zip Code
Occupation	No. of Years Acquainted		

# Employment Application

## Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize Wild Iris Family Counseling and Crisis Center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Agency, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Agency. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Agency, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Agency's designated representative

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
Initials

**The Agency will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

\_\_\_\_\_  
Applicant's Signature Date