



Imperial Valley Respite, Inc.

Date: _____ / _____ / _____

EMPLOYMENT APPLICATION

Referred By: _____

Position: _____

Client Name: _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, sexual preference, marital status, national origin, genetic information citizenship, ancestry, handicap or disability or veteran status.

Personal Background

Name: _____

LAST

FIRST

MIDDLE NAME / INITIAL

Present Address: _____

STREET

APT#

CITY

STATE

ZIP

Mailing Address: _____

STREET / P.O. BOX

CITY

STATE

ZIP

Phone No.: _____ Message Phone No.: _____ Cell Phone No.: _____

E-mail Address: _____

Select YES or NO

If driving is a requirement of the job for which you are applying, do you have a current, valid driver's license? YES NO

If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license and auto insurance.

If a minor, can you produce the age/work certificate necessary to obtain employment YES NO

Are you able, at the time of employment, to submit verification of your legal right to work in the United States? YES NO

If professional license or certification such as Cardio-Pulmonary Resuscitation (adult, infant and child) and First Aid is a requirement of the job you are applying for, continued employment is contingent on your maintaining certification.

Educational Background

Educational Background	Name and Location of School	Select Highest Grade	Major Area of Study
High School			
College			
Trade, Business or Graduate School			
US Military or Civil Service			

Employment Application Continued...

Specialized technical skills (example: computer, equipment operation, special tools or machines used, different computer programs used, special training or certificates)

Can you with or without accommodation perform the essential functions of the job(s) for which you have applied? YES NO

If no, please identify those essential functions that you are not able to perform _____

Have you read the job description for which you are applying? YES NO

Are you related to anyone working for this company? YES NO

If yes, who? _____ Relationship _____

Language

Including American Sign

Speak and Understand

Read

Write

	Fluently	With Difficulty	Fluently	With Difficulty	Fluently	With Difficulty
1)						
2)						
3)						

Date: Mo/Year

Employer

Position

Name of Supervisor

From:	Name:		
To:	Address:		
	City:		
	Phone:		
From:	Name:		
To:	Address:		
	City:		
	Phone:		
From:	Name:		
To:	Address:		
	City:		
	Phone:		

REFERENCES: Give the names of three persons (no relatives), that you have known at least three years, and the best time to call.

APPLICANT'S STATEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and I understand that if any misrepresentation, omission or falsification were discovered, it will constitute grounds for dismissal. I, hereby, authorize you to check my references and conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I am looking for employment and affirm that I have a genuine intent and no other purpose in applying for a job with this organization.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations, which I understand, are subject to change. I further understand that, if hired, my employment is an "at-will" relationship and employment is for no definite period of time and may be terminated by either party at any time.

Print Name

Applicant's Signature

/ /

Date