

EMPLOYMENT APPLICATION



This application form was designed for use by persons applying for various types of positions including clerical, clinical, technical, and administrative. Please answer all questions to the best of your ability. All information will be treated confidentially. Please notify the Human Resources Representative if you require special assistance.

- Read the entire job announcement/advertisement. Apply only if you feel reasonably certain that you have all of the minimum qualifications.
- Fill out the form completely and attach sheets if necessary. (*Write your name on each sheet.*)
- Be specific about your qualifications.
- If a question does not apply to you, write N/A in the blank.
- Except for officials, managers and professionals, applications are only taken for open positions.
- If offered employment, you will be required to submit proof of your legal right to work in the United States prior to beginning work.
- A drug and alcohol test will be required following your conditional offer of employment.

Please Print Legibly

Date: _____

Name: _____ Phone: () _____
Last/First/Middle

Address: _____ Message Phone: () _____
Number/Street

City/State/Zip _____ E-mail address: _____

Position applied for: _____ Date available to begin _____

Availability: Full-time Part-time Temporary On-call/Per Diem

Days and hours available: _____

Salary requirements/Expectations for this position: _____

1. Are you 18 years of age or older? Yes No
2. Are you 21 years of age or older? Yes No (*Required for transporting clients/residents and other positions*)
3. Have you ever been discharged or forced to resign from any job? Yes No (*If yes, please explain/include which position*):

4. Have you ever worked under another name? Yes No (*If Yes, Other name and Where?*): _____
5. Have you ever worked for Kings View before? Yes No (*If yes, when and where?*) _____
6. Are you able to perform the essential functions of the job description or of the positions identified? Yes No
7. Do you have any Family or Friends currently employed by Kings View? Yes No (*If yes, who and which program?*)

As a healthcare facility, we are requesting the following in compliance with the Labor and Health and Safety codes:

All applicants must answer the Question Nos. 8 and 9, below. A marijuana-related conviction (possession or sale) need only be disclosed if it occurred within the last two years. All other convictions must be disclosed. A conviction is defined as one relating to a felony, misdemeanor, plea, verdict, or finding of guilt, regardless of the sentence imposed by a court: * (A conviction and/or arrest will not necessarily disqualify you from employment.)

8. *Have you ever been convicted of a crime? [Yes] [No]
9. * Are you currently out on bail or on your own recognizance pending trial on any criminal matter for which you have been arrested? [Yes] [No]

If you are applying for a position with regular access to patients, please answer the following Question No. 10:

10. * Have you ever been arrested for a sexual offense, conviction for which would require you to register with the chief of police, sheriff or chief of campus police under Penal Code section 290? (A non-exclusive list of these offenses is listed on the attached sheet.) [Yes] [No]

If you are applying for a position with access to drugs and medication, please answer the following Question No. 11:

11. * Have you ever been arrested for a drug-related offense, conviction for which would require you to register with the chief of police or sheriff under Health and Safety Code section 11590? (A non-exclusive list of these offenses is listed on the attached sheet.) [Yes] [No]

If you answered yes to Question(s) 8, 9, 10 and/or 11 please state the nature of the offense and brief explanation.

12. Many positions may require driving as part of job duties. (Note: Your driving record will be checked with the DMV.)

Do you have a Class C (Regular) Driver's License? Yes No
 Do you have a Class B (Commercial: 9 passenger/GVWR of more than 26,000 lbs.) Driver's License? Yes No

13. Are you bilingual? No Yes Specify language(s): _____ Read Write

PROFESSIONAL LICENSED/INTERN REGISTRATION APPLICANTS ONLY:

Type of Professional License: _____ Number and Issuing State: _____
(LMFT, LCSW, LPCC, etc.) Expiration Date: _____
 Type of Intern Registration/Certification: _____ Number and Issuing State: _____
(IMF, ASW, PCCI, CAODC, CRC, etc...) Expiration Date: _____

COMPLETE THE FOLLOWING SECTION EVEN IF ATTACHING A RESUME.

EDUCATION

Academic Institution (High School/College University)	Location	Diploma or Degree Received	Date Earned (MM/YY)	Specialization or Major

WORK EXPERIENCE

List **last 10 years** work experience beginning with your most recent job and all job related experience even if greater than 10 years. Account fully for all time including any prior employment by Kings View. Please attach an additional sheet if needed:

For all dates use (MM/DD/YYYY)

<u>Employer's name, address:</u>	<u>Supervisor's Name:</u>		<u>Your position and duties:</u>
	<u>Supervisor's Title:</u>		
	<u>Supervisor's Phone #:</u>		
	<u>Your Title:</u>		
	<u>Starting Date:</u>	<u>Ending Date:</u>	
	<u>Starting Pay:</u>	<u>Ending Pay:</u>	
<u>Reason for leaving position:</u>			

<u>Employer's name, address:</u>	<u>Supervisor's Name:</u>		<u>Your position and duties:</u>
	<u>Supervisor's Title:</u>		
	<u>Supervisor's Phone #:</u>		
	<u>Your Title:</u>		
	<u>Starting Date:</u>	<u>Ending Date:</u>	
	<u>Starting Pay:</u>	<u>Ending Pay:</u>	
<u>Reason for leaving position:</u>			

For all dates use (MM/DD/YYYY)

<u>Employer's name, address:</u>	Supervisor's Name:		<u>Your position and duties:</u> <u>Reason for leaving position:</u>
	Supervisor's Title:		
	Supervisor's Phone #:		
	Your Title:		
	Starting Date:	Ending Date:	
	Starting Pay:	Ending Pay:	

<u>Employer's name, address:</u>	Supervisor's Name:		<u>Your position and duties:</u> <u>Reason for leaving position:</u>
	Supervisor's Title:		
	Supervisor's Phone #:		
	Your Title:		
	Starting Date:	Ending Date:	
	Starting Pay:	Ending Pay:	

REFERENCES

Names of persons willing to provide professional references (Please use Professional References vs. Friends/Family):

Name	Position/Job Title/Relationship	Address/Phone

Review your application for completeness and read the following carefully:

1. 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 the company and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, or with or without cause, at the option of either myself or the company, 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 company's designated representative.
2. I hereby certify that the statements made in this application are correct and complete to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances for employment. 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.

3. I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and 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 company, 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.
4. I understand that in connection with my application for employment, the Company may obtain a consumer report and/or investigative consumer report about me that may contain information as to my character, general reputation, personal characteristics, and mode of living. Such reports may include or consist of my driving history obtained from the Department of Motor Vehicles. I agree to sign any documents necessary to authorize the Company to obtain a consumer or investigative consumer report. I further understand that any job offer extended by the Company is contingent upon receipt of a favorable consumer or investigative consumer report about me.
5. I agree to abide by all of Kings View policies and procedures. I further understand that my employment with Kings View is for no definite period of time, and upon my termination, Kings View as the employer is liable only for wages and benefits earned as of the date of termination.
6. I understand that I am not to discuss any worker's compensation or any ADA qualified disability until such time that I am offered a conditional offer of employment.
7. Upon any conditional offer of employment, I understand that Kings View, as the employer, is free to discuss any issue that may affect my continued employment.
8. I have been informed of the duties of this position for which I am applying and provided an ADA Job Description.
9. I agree to hold harmless, and to waive any claims I may have against Kings View and any and all of my former employers, whether or not identified above, for any loss or injury I may sustain as a result of any disclosure made in accordance with this release. The authorization to conduct an investigation of my prior employment record shall remain in effect for two years from the date below.
10. I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test and, if necessary for the position for which I have applied, a post-offer/ pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.

Signature of Applicant

Date

PARTIAL LIST OF SEXUAL OFFENSES

COVERED UNDER PENAL CODE SECTION 290

- Rape
- Sodomy
- Incest
- Unlawful oral copulation
- Continuous abuse of a child by a person who either resides in the same home with the minor child or has reoccurring access to the child
- Penetration of genital or anal openings by foreign or unknown object by means of force, violence, duress, menace or fear of immediate and unlawful bodily harm
- Assault with intent to commit rape, sodomy, oral copulation, rape in concert with another, lewd act upon a child or penetration of genital or anus with foreign objects
- Inveiglement or enticement of unmarried female under 18 for purposes of prostitution
- Procuring female for illicit intercourse by false pretenses
- Pimping
- Pandering
- Procurement of child under age of 16 for lewd and lascivious acts
- Abduction of person under 18 for purposes of prostitution
- Aggravated sexual assault of a child
- Sending or bringing into state for sale or distribution, printing, exhibiting, distributing, exchanging or possessing within state matter depicting sexual conduct by a minor
- Sexual exploitation of a child
- Employment or use of minor to perform prohibited sexual acts
- Advertising for sale or distributing obscene matter depicting a person under the age of 18 years engaging or simulating sexual conduct
- Possession or control of matter depicting minor engaging or simulating sexual conduct
- Annoying or molesting a child under 18
- Solicitation with the intent that the crime be committed, another to commit rape by force or violence, sodomy by force or violence, oral copulation by force or violence

If you are unsure whether you are required to register under Penal Code Section 290, you may wish to speak with your Parole Officer, lawyer, or other authority before answering Question No. 8.

NON-EXCLUSIVE LIST OF PERSONS REQUIRED TO REGISTER UNDER

PENAL CODE SECTION 11590

(Control Substance Offenders)

- Possession of designated control substances, including opiates, opium derivatives, cocaine based substances, opiates or hallucinogenic substances such as dronabinol;
- Possession or purchase for sale of opiates, hallucinogenics or narcotics for which the possessor does not have a proper prescription;
- Transportation, sale or giving away of designated control substances, such as opiates or classified controlled substances which are a narcotic drug unless the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in the state accompanies such narcotic prescription;
- Sales of designated control substances to a minor upon school, public playground, church or synagogue providing instruction to Kindergarten or any Grades 1 through 12, by a person 18 years of age or older;
- Adults offering for sale or gift a controlled substance to minor in public parks*;
- Minors unlawfully inducing other minors to violate Penal Code by hiring, employing or using a minor to unlawfully transport, carry, sale or give away, prepare for sale or pedal certain controlled substances;
- Sale or furnishing of substances falsely represented to be certain controlled substances;
- Unauthorized possession of cannabis**;
- Cultivation, harvest, drying or possession of marijuana;
- Possession for sale of marijuana;
- Transportation, sale, importing or giving away of marijuana**;
- Planting, cultivating, harvesting, drying or processing any plant of the genus lophophora, also know as peyote;
- Maintaining any place for the purpose of unlawfully selling, giving away or using enumerated control substances;
- Forgery or alteration of a prescription for narcotic drugs; and
- Possession for sale of enumerated control substances and narcotic drugs*.

This is merely a partial list.

If you are unsure whether you are required to register under Penal Code Section 11590, you may wish to speak with your Parole Officer, lawyer, or other authority before answering Question No. 9.

* Applies only to conviction on or after January 1, 1990.

** Applies to felony convictions only.