

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?*)

8. Many positions may require driving as part of job duties. (*Note: Your driving record will be checked with the DMV.*)
Do you have a valid Class C (Regular) Driver's License? Yes No
Do you have a valid Class B (Commercial: 9 passenger/GVWR of more than 26,000 lbs.) Driver's License? Yes No
9. 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>	Supervisor's Name:		<u>Your position and duties:</u>
	Supervisor's Title:		
	Supervisor's Phone #:		
	Your Title:		
	Starting Date:	Ending Date:	
	Hours per week:		
			<u>Reason for leaving position:</u>

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

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

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