



Children's Home of *Stockton*

430 N. Pilgrim Street • Stockton, CA 95205 | Phone (209) 466-0853 • Fax (209) 466-1770

Application for Employment

CHS – AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other characteristic protected by applicable local, state or federal civil rights laws. It is our intention that qualified applicants will be given equal consideration and selection decisions will be based on job-related factors. All information must be included on this application. Resumes should be attached.

Today's date: _____

Personal

Name: _____ Age 21 or above? Yes _____ No _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Have you been known by any other name? _____

CHILDREN'S HOME OF STOCKTON limits the employment of relatives. Are you related to any person presently employed at CHS? Yes _____ No _____

If "Yes," Name of Employee _____ Relationship _____

General

Position(s) applying for? _____

Are you seeking: Full-time _____ Part-time _____ employment? Are you available for shift work? _____

Date available to start work? _____

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

If no, what functions would you not be able to perform? _____

The successful completion of a drug screen, pre-employment physical, and a background check with the Department of Justice is a condition of Employment. Do you understand this condition? Yes _____ No _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes _____ No _____

CA Driver's License # _____ Expiration Date _____

Auto Insurance Company _____ Policy # _____

Place of Birth _____

Education

List name and location of schools _____ Major _____ Units Completed _____ or _____ Degree _____

High School or GED: _____

College or University: _____

Graduate Education: _____

Other Relevant Training: _____

License: _____ Certification: _____

Employment History

Do you expect to be engaged in any other employment while employed at CHS? Yes___ No___

If yes, please explain _____

List your present and past employment history for the prior ten years, beginning with your current or most recent employment. Include any periods of unemployment. You may include volunteer activities if employment related.

Name of employer: _____ From: _____ To: _____

Address (with city/zip): _____ Phone: _____

Website Address: _____ Email: _____

Your job title: _____ Salary: _____

Description of duties: _____

Direct supervisor's name and title: _____

Reason for leaving: _____

Name of employer: _____ From: _____ To: _____

Address (with city/zip): _____ Phone: _____

Website Address: _____ Email: _____

Your job title: _____ Salary: _____

Description of duties: _____

Direct supervisor's name and title: _____

Reason for leaving: _____

Name of employer: _____ From: _____ To: _____

Address (with city/zip): _____ Phone: _____

Website Address: _____ Email: _____

Your job title: _____ Salary: _____

Description of duties: _____

Direct supervisor's name and title: _____

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Website Address: _____ Email: _____

Your job title: _____ Salary: _____

Description of duties: _____

Direct supervisor's name and title: _____

Reason for leaving: _____

Name of employer: _____ From: _____ To: _____

Address (with city/zip): _____ Phone: _____

Website Address: _____ Email: _____

Your job title: _____ Salary: _____

Description of duties: _____

Direct supervisor's name and title: _____

Reason for leaving: _____

If more space is needed please use an additional sheet of paper.

List any job-related professional, trade, business or civic activities, organizations and associations to which you belong. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, the existence of a disability or any other characteristics protected by law.)

1. _____ 2. _____

3. _____ 4. _____

References

Please provide the names, addresses and telephone numbers of five references who are not related to you.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

How do you know this person? _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

How do you know this person? _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

How do you know this person? _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

How do you know this person? _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

How do you know this person? _____

What do you know about the Children's Home of Stockton? _____

Why are you interested in working at the Children's Home of Stockton? _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided by me in this employment application is true and complete and that I have personally completed this application. I understand that any false information, misstatement of material fact, or omission may disqualify me from further consideration for employment and may result in my dismissal if I am employed, regardless of the time elapsed before discovery.

I authorize and agree to cooperate with the Children's Home of Stockton in a thorough investigation of all statements made herein and other matters relating to my background, qualifications, and suitability for employment. I understand that any investigation conducted may include a request for employment and educational history, driving record and criminal history.

I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand I have the right to make a written request within a reasonable period of time for a complete disclosure of the nature and scope of the investigation.

I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER MYSELF OR THE CHILDREN'S HOME OF STOCKTON.

I AGREE THAT, IF EMPLOYED, I WILL ABIDE BY ALL CHS POLICIES AND PROCEDURES.

I have read, understand, and by my signature, consent to the above statements.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

This application for employment will remain active for a limited time.