



An Equal Opportunity Employer

Employment Application

Please Print

Date:

Applicant Information

Name: _____ Phone#: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Email Address: _____

Do you have a valid Driver's License? _____ State and License #: _____

Is your auto insurance current? _____

Have you ever applied to or worked for our agency before? _____ If yes, when? _____

Do you have friends or relatives working for Operation Care? _____

If yes, state name and relationship: _____

How did you hear about us/this job opening? _____

As far as you know, have you or anyone related to you received domestic violence services in the past two years from Operation Care? _____

If yes, name and relationship: _____

State briefly why you would like to work for Operation Care: _____

General Information about Desired Employment

Position you are applying for: _____ Full Time or Part-Time: _____

If hired, what date could you start work? _____ Salary Desired: \$ _____ per _____

If hired, are you able to travel on agency business? _____ % time willing to travel: _____

NOTE: Operation Care's regular hours of operation are 8:00a.m. to 5:00p.m., Monday-Friday. Some job positions, however, require that an employee's regular work shift include working on holidays, weekends, evenings, and nights. At times, you may also be required to be on-call/or to work overtime.



Education & Training (Include on-the-job training)

	Name and Location of School/ Sponsor (if any)	Course of Study	Did you Graduate?
High School			
Community College			
College/University			
Trade School			
Seminars/Other			
Other			
Other			

Special Skills

Do you speak or understand any foreign languages? _____
 If yes, which language(s)? _____
 Do you have any other experience, training, qualifications, or skills that you fell make you especially suited for work at Operation Care? _____ If so, please explain in detail: _____

 Licenses (list states) _____

Computer Skills	Dates Used	Level of Proficiency
Hardware:		
Software:		

Use this space to summarize other relevant experience, skills and background:



References

Name of Individual: _____ Phone Number _____			
Address: _____			
Street	City	State	Zipcode
Occupation: _____		Years Acquainted: _____	
Name of Individual: _____ Phone Number _____			
Address: _____			
Street	City	State	Zipcode
Occupation: _____		Years Acquainted: _____	
Name of Individual: _____ Phone Number _____			
Address: _____			
Street	City	State	Zipcode
Occupation: _____		Years Acquainted: _____	

Please Read and Initial each paragraph below (if there is any part of this page that you do not understand, please ask a staff member about it *before* signing.)

- I hereby certify that I have not knowingly withheld information that might adversely affect my changes for employment and that the answers I have given 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 my omission or misstatement on this application or on any documents used to secure employment shall be ground for rejection of this application or, if employed, grounds for immediate discharge regardless of the time elapsed before discover. _____Initial
- I hereby authorize Operation Care may thoroughly investigate my references, work records, education and other matters related to my suitability for employment, and I further authorize my current or former employers to disclose to Operation Care any and all letters, reports, any other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Operation Care, my current and 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 investigations, or disclosure. _____Initial
- If hired, I understand and agree that I will abide by Operation Care Alcohol-and Drug-Free Workplace Guideline & Drug Testing Policy which provides that I may be required to submit to an alcohol/drug screening upon reasonable suspicion use of alcohol or drugs on the job, for safety-sensitive positions, and/or after an accident. _____Initial
- I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Operation Care. In addition, I understand and agree that if I am employed; my employment relationship with Operation Care is strictly voluntary and at our mutual will. I understand that if employed; my employment is for no definite period and may be terminated at any time, with or without prior notice, and with or without cause or reason, at the option of either myself or Operation Care, and that no promises or representation contrary to the foregoing are binding upon Operation Care unless made in writing and signed jointly by the Executive Director and myself. _____Initial
- Client confidentiality is of paramount importance at Operation Care, and I understand and agree that I must sign a Pledge of Confidentiality if employed. _____Initial
- I understand and agree that any future changes in my job title, duties, compensation, working conditions, and/or Operation Care benefits, policies, and procedures will not alter our at-will agreement. _____Initial
- I understand and agree that if employed, I must be fingerprinted and that my fingerprints will be submitted to the California Department of Justice for a criminal background check. _____Initial
- I understand that, if employed, I will be required to possess a current and valid California driver's license that I will be required to provide my original official driving record and proof of insurance. _____Initial

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Signature: _____ **Date:** _____