



EMPLOYMENT APPLICATION

Pre-Employment Screening & Fingerprinting is
Required
(Please Print Clearly)

PERSONAL INFORMATION

Last Name	First Name	M.I.
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Street Address

City	State	Zip
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Primary Phone	Email
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Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally authorized to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Can you submit proof of authorization to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Do you require sponsorship?
<input type="checkbox"/>	<input type="checkbox"/>	Are you at least 18 years old?
<input type="checkbox"/>	<input type="checkbox"/>	Have you worked for or been previously employed by our company? If YES, date worked/department:
<input type="checkbox"/>	<input type="checkbox"/>	Are you related to anyone currently or previously employed by our company? If YES, name and relationship:
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to meet attendance requirements?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently employed?
<input type="checkbox"/>	<input type="checkbox"/>	If conditionally offered a position, may we contact your present and past employers? If NO, when:

How were you referred to us?									
<input type="checkbox"/>	Job Board	<input type="checkbox"/>	Job Fair	<input type="checkbox"/>	Website	<input type="checkbox"/>	Walk-in	<input type="checkbox"/>	Other:
Referral – Name:					Driver's License No. and Expiration Date:				

Are you willing to work?											
<input type="checkbox"/>	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Temp	<input type="checkbox"/>	Weekends	<input type="checkbox"/>	Nights	<input type="checkbox"/>	Evenings

When can you start?

Position(s) Applying for:



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EDUCATION:

School Name	City/State	No. Yrs. Attended	Course of Study	Diploma/Degree

SKILLS (Check all that apply):

<input type="checkbox"/>	Read, speak and write fluent English
<input type="checkbox"/>	Read, speak and write fluent Other:
<input type="checkbox"/>	CPR, expiration date:
<input type="checkbox"/>	Computer Skills (Please List):
<input type="checkbox"/>	Job related skills (Please List):
<input type="checkbox"/>	Driver's License No./Expiration Date:
<input type="checkbox"/>	Other Skills (Please List):

REFERENCES

Name	Relationship: Professional or Personal	Contact Number



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EMPLOYMENT HISTORY: Most recent first

Name of Employer	Title and Duties	Hours per Week
City/State	Telephone Number	From - To (mo./yr.)
Supervisor/Title	Reason for Leaving	

Name of Employer	Title and Duties	Hours per Week
City/State	Telephone Number	From - To (mo./yr.)
Supervisor/Title	Reason for Leaving	

Name of Employer	Title and Duties	Hours per Week
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APPLICANT'S STATEMENT

I hereby authorize Vocational Visions to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Vocational Visions and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

Vocational Visions uses E-Verify program in certain locations as required by law. <https://www.uscis.gov/e-verify>. Offers for employment will be conditional on positive determination of eligibility from state DOJ database and the LEIE. If it is determined upon reasonable due diligence that an individual or entity is listed as excluded by the OIG, the relationship shall be immediately terminated.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am extended an offer of employment, any doctor, hospital or testing laboratory has my consent to conduct medical or drug tests on me, and I hereby give my consent to having all information released for Vocational Visions to determine my abilities to perform job duties now or in the future. I acknowledge that I do not use or abuse illegal substances. I also give my consent to physical searches of myself and my purse, lunch box, car, locker or any packages I have while on Vocational Visions premises, whether or not I have lock on such items. Vocational Visions is a drug free work-place.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. If terminated, Vocational Visions is liable only for wages or salary earned as of the date of termination. I understand that no department head or representative of Vocational Visions, other than the Executive Director, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy. If employed, I understand that I must abide by Vocational Visions policies and procedures.

The needs of Vocational Visions may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work location other than the location offered to you at the time of your hire. I accept these conditions of employment. I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA). I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I agree to notify Vocational Visions in writing within (5) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a California Licensing Board taken or pending; any adverse action which has resulted in the filing of a report with the California Licensing Board; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage."

Vocational Visions is an equal opportunity employer. All qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law. Read more: <https://www.dol.gov/regs/compliance/posters/eeopost.pdf>, https://www1.eeoc.gov/employers/upload/eeoc_gina_supplement.pdf Vocational Visions is committed to inclusion and diversity, and embraces all qualified applicants with varied perspectives and backgrounds. If you are a US applicant with a qualified disability or are a disabled veteran, you can request a reasonable accommodation if you are unable or limited in your ability. You can reach us at (provide email and phone). I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature

Date