

# Employment Application

This application is exclusively designed:

- ✓ to serve and assess applicants exclusively in the State of California;
- ✓ to measure an applicant's qualifications solely on the basis of skills, knowledge, and abilities (SKAs); and
- ✓ to eliminate all potential forms of illegal applicant discrimination.



*"Thank you for making application with us today!  
Please provide us with the following information."*

## SECTION A PERSONAL INFORMATION

Last Name	First	Mid. Initial
Residence Address (Please do not use a P.O. Box Address)		
City	State	Zip Code
( ) -	( ) -	
Contact Number	Other Contact No. (cell, other)	E-mail address (if available)

1. Indicate position applying for: \_\_\_\_\_
2. Monthly or Hourly pay desired \$ \_\_\_\_\_ Date able to start: \_\_\_\_\_
3. Have you worked for us before?  Yes  No If yes, when? \_\_\_\_\_  
If yes, please state other name if used? \_\_\_\_\_ (not maiden name)

**SECTION B**

**GENERAL INFORMATION**

- ✓ Are you able to perform all the essential functions of the job with or without reasonable accommodation?  Yes  No  
If you answered 'no,' please explain (do not describe any disability or impairment): \_\_\_\_\_
- ✓ Are you eighteen years of age or older?  Yes  No
- ✓ Have you ever been convicted of a crime other than related to the possession of marijuana?\* (i.e.: felony, plea, verdict, finding of guilt; Labor Code §432.7)  Yes  No  
If 'yes,' please explain the circumstance: \_\_\_\_\_
- ✓ Within the last two (2) years, have you ever been convicted for the sale, use or possession of marijuana?\*  Yes  No  
If "yes" please explain the circumstances if date of conviction is within two (2) years from date of application. (Labor Code §432.8): \_\_\_\_\_
- ✓ In your opinion, are you presently legally authorized to work in the United States?\*\*  Yes  No
- ✓ **Only answer the following question if the job duties for this employer require you to relate with patients, drugs, and/or medications, such as with a health care provider, doctor's office, a type of residential care facility, or the like:**  
Have you ever been arrested for any incident pertaining to a sex offense or controlled substance? (Labor Code §432.7(f), Penal Code §290\*\*\*, Health Safety Code §11590)  Yes  No  
If 'yes,' please explain the circumstance: \_\_\_\_\_

\* A conviction or arrest as conditionally described in this employment application may not necessarily disqualify you from employment. (Our concern is whether the conviction or arrest has any relevance to the position, its duties, and place of employment.)

\*\* As a condition of employment, you will be required to verify employment eligibility by filling out a Federal I-9 form.

\*\*\* List of sex-related offenses include: assault with intent to commit rape, oral copulation, or sodomy; rape; sodomy with a minor or by force; lewd or lascivious conduct with a child or a dependent adult; oral copulation with a minor or by force; continuous sexual abuse of a child; child molestation; penetration with a foreign object by force; kidnapping with intent to commit specified sex offenses; felony sexual battery; felony enticement of a child for purposes of prostitution; and abduction of a child for purposes for prostitution (Penal Code §290).



*"Please provide us with your educational history and/or vocational schools attended. Begin with your highest level of education. Please do not indicate years of attendance or graduation dates."*

**SECTION C**

**EDUCATIONAL & VOCATIONAL SCHOOLS**

University/College or School	Diploma//Degree/Certification Certificate/Credential	Emphasis/Concentration

Other educational institutions, military certificates, and/or merits earned: \_\_\_\_\_



*"Please provide us with your most recent and relevant employment/work experience; be concise and concentrate on "key job related work activities" for your "Descriptions of Duties" below. Please do not indicate years of service or dates of employment"*

**SECTION D      WORK EXPERIENCE**

1. Employer:	Job Title:
Contact Person:	Phone No.:
Description of Duties:	
2. Employer:	Job Title:
Contact Person:	Phone No.:
Description of Duties:	
3. Employer:	Job Title:
Contact Person:	Phone No.:
Description of Duties:	
4. Employer:	Job Title:
Contact Person:	Phone No.:
Description of Duties:	



*"Please provide three (3) persons and phone numbers you have known for at least one (1) year. Do not list relatives."*

**SECTION E REFERENCES**

Name	Phone Number	Type of Association



*"Please be sure to read all of Section F before signing the application. This employer can only accept the application with a signature."*

**SECTION F CONDITIONS**

1. If offered employment, you have the right to terminate your employment at any time, with or without reason and with or without notice; this employer also has the right to terminate your employment at any time, with or without reason and with or without notice.
2. All the information provided in this employment application is true to the best of my knowledge. I understand that any false statement or misrepresentation on this application shall be grounds for disqualifying me as an applicant for employment or immediate termination.
3. I understand that no representative of this employer has the authority to enter into any agreement for employment for any specified period of time, unless it is presented in writing and signed by an employer representative authorized to enter into such an agreement.
4. If offered employment, I authorize and understand that my employment may be contingent on the completion of employment, reference and educational background checks by this employer and I release this employer from all liability for any information released or damage that may result from the use of such information.
5. If offered employment, I understand that I will be required to fulfill the essential functions of the job description and any other job functions as assigned by the employer with or without reasonable accommodation.
6. If offered employment, I authorize the employer to conduct any job related physical examination and/or testing for illegal drug use.
7. If offered employment, I understand that I will be required to fill out an Employer Eligibility and Verification I-9 Form and that I must provide personal identification as mandated by the U.S. Department of Homeland Security.

_____ Applicant's Signature	_____ Date
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*"Thank you for making application with us today!"*

**User Information:** This employment application is to be used by the interviewing organization exclusively in the State of California. The Human Resources Consortium, Inc. has gone to great lengths to make sure our information is accurate and in accordance with employment standards with the State of California, with your purchase and/or use of this employment application, you agree to assume all of the risks and responsibilities in any way associated with your use of this employment application. Further, you release the Human Resources Consortium, Inc. (and its board of directors, officers, employees, and agents) from any and all liability, claims or actions that may arise from injury or harm to yourself, your dependent(s) or damage to your property, in connection with the use of this employment application. I recognize that this Release means I am giving up, among other things, the right to sue the Human Resource Consortium, Inc., its board of directors, officers, employees, or agents for injuries, damage, or losses you or your dependent(s) may incur through the use of this employment application. I also understand this Release binds your heirs, executors, administrators, and assigns, as well as yourself and your dependent(s). I attest I have read and understand this disclaimer and agree to adhere to the terms.