



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PLEASE PRINT LEGIBLY

DATE: _____

POSITION(S) APPLIED FOR: _____

NAME:		SOCIAL SECURITY #: - -	
ADDRESS:			
DAYTIME TEL: ()		ALTERNATE TEL: ()	
EMAIL:			
SHIFT PREFERENCES (CHECK ALL THAT APPLY)	<input type="checkbox"/> FULL TIME (30-40 HOURS PER WEEK)	<input type="checkbox"/> WEEKDAYS <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> MORNING HOURS <input type="checkbox"/> AFTERNOON/EVENING HOURS <input type="checkbox"/> OVERNIGHT HOURS <input type="checkbox"/> SPLIT SHIFTS	RESIDENTIAL COUNSELOR APPLICANTS:
	<input type="checkbox"/> PART TIME (UNDER 30 HOURS PER WEEK)		<input type="checkbox"/> SUNDAY - WEDNESDAY SHIFT
<input type="checkbox"/> ON-CALL (CALLED IN AS NEEDED)			<input type="checkbox"/> WEDNESDAY - SATURDAY SHIFT
DATE AVAILABLE:		ARE YOU 21 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVER LICENSE #: (FOR DRIVING POSITIONS ONLY)		STATE:	EXPIRATION DATE:
AFTER EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EXCEPT AS DESCRIBED BELOW, HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF A CRIMINAL OFFENSE WHICH WAS A FELONY OR A MISDEMEANOR? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF "YES," PLEASE DESCRIBE: _____			
DO NOT ANSWER "YES" OR DESCRIBE THE CRIMINAL OFFENSE IF THE OFFENSE INVOLVED ONE OF THE FOLLOWING:			
A. A TRAFFIC VIOLATION CONSTITUTING AN INFRACTION;			
B. A MARIJUANA-RELATED MISDEMEANOR CONVICTION MORE THAN 2 YEARS OLD;			
C. A CONVICTION THAT HAS BEEN SEALED, EXPUNGED OR LEGALLY ERADICATED;			
D. AN OFFENSE WHICH WAS FINALLY SETTLED IN JUVENILE COURT OR REFERRED TO THE YOUTH AUTHORITY;			
E. A MISDEMEANOR CONVICTION FOR WHICH PROBATION WAS COMPLETED AND THE CASE WAS DISMISSED.			
A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT. MCKINLEY, HOWEVER, MAY CONSIDER THE NATURE, DATE AND CIRCUMSTANCES OF THE OFFENSE AS WHETHER THE OFFENSE IS RELEVANT TO THE DUTIES OF THE POSITION APPLIED FOR.			

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOW DID YOU HEAR ABOUT MCKINLEY? IF AN EMPLOYEE REFERRED YOU, PLEASE INDICATE HIS/HER NAME.	
DO YOU HAVE ANY RELATIVES THAT WORK AT MCKINLEY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF "YES", PLEASE INDICATE THEIR NAMES.	
HAVE YOU PREVIOUSLY APPLIED FOR WORK AT MCKINLEY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF "YES," PLEASE INDICATE WHEN AND WHAT POSITION(S) YOU APPLIED FOR.	
WERE YOU PREVIOUSLY EMPLOYED BY MCKINLEY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF "YES," PLEASE INDICATE WHEN.	
DO YOU HAVE ANY LICENSES, CERTIFICATIONS OR ASSOCIATION MEMBERSHIPS WHICH DIRECTLY RELATES TO THE JOB THAT YOU ARE APPLYING FOR?	

EDUCATION	NAME AND LOCATION OF SCHOOL	UNITS COMP.	MAJOR	DEGREE CONFERRED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
GRADUATE/ PROFESSIONAL				
TRADE SCHOOL/ OTHER				

WORK HISTORY: BEGIN WITH YOUR MOST RECENT JOB. PLEASE ACCOUNT FOR THE PAST 10 YEARS (INCLUDING PERIODS OF UNEMPLOYMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY)

1	COMPANY NAME:		TEL: ()
	FULL ADDRESS:		DATES OF EMPLOYMENT (MM/YR): FROM TO
	JOB TITLE:	SUPERVISOR'S NAME:	REASON FOR LEAVING:
	JOB DUTIES:		
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," PLEASE INDICATE REASON.		
2	COMPANY NAME:		TEL: ()
	FULL ADDRESS:		DATES OF EMPLOYMENT (MM/YR): FROM TO
	JOB TITLE:	SUPERVISOR'S NAME:	REASON FOR LEAVING:
	JOB DUTIES:		
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," PLEASE INDICATE REASON.		
3	COMPANY NAME:		TEL: ()
	FULL ADDRESS:		DATES OF EMPLOYMENT (MM/YR): FROM TO
	JOB TITLE:	SUPERVISOR'S NAME:	REASON FOR LEAVING:
	JOB DUTIES:		
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," PLEASE INDICATE REASON.		
4	COMPANY NAME:		TEL: ()
	FULL ADDRESS:		DATES OF EMPLOYMENT (MM/YR): FROM TO
	JOB TITLE:	SUPERVISOR'S NAME:	REASON FOR LEAVING:
	JOB DUTIES:		
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," PLEASE INDICATE REASON.		

VOLUNTEER EXPERIENCE: LIST VOLUNTEER EXPERIENCE YOU FEEL WILL ENHANCE YOUR APPLICATION.

COMPANY NAME/ADDRESS/SUPERVISOR/DUTIES	TELEPHONE: () DATES (MM/YR): FROM To
COMPANY NAME/ADDRESS/SUPERVISOR/DUTIES	TELEPHONE: () DATES (MM/YR): FROM To

PERSONAL REFERENCES: LIST PERSONS OTHER THAN RELATIVES OR EMPLOYEES (CURRENT OR FORMER) OF McKINLEY.

NAME/ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
	()		
	()		

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YOUR OWN HANDWRITING (ATTACH ADDITIONAL SHEETS IF NECESSARY).

(1) AT THIS TIME IN YOUR LIFE, WHY DO YOU HAVE AN INTEREST IN WORKING AT McKINLEY?

(2) WHAT ARE YOUR CAREER GOALS?

(3) WHAT INTERESTS/HOBBIES DO YOU HAVE THAT MAY BE OF BENEFIT TO THE CHILDREN AT McKINLEY (CHILD-CARE POSITIONS ONLY)?

BE SURE TO READ THE CERTIFICATON AND SIGN THIS APPLICATION ON THE NEXT PAGE.

CERTIFICATION - PLEASE READ CAREFULLY

I consent to and authorize the employer to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the employer (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT, HAVING NO SPECIFIED TERM, IS BASED UPON MUTUAL CONSENT AND MAY BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, BY EITHER PARTY (THE EMPLOYER OR ME) WITHOUT PRIOR NOTICE TO THE OTHER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE CHIEF EXECUTIVE OFFICER OF EMPLOYER. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION.

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination.

I further understand and agree that, if hired, upon termination of my employment, I will promptly return all property in my custody belonging to the employer, including, but not limited to, office keys, key cards, manuals and computer equipment.

This application is current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

SIGNATURE OF APPLICANT

**SUPPLEMENT TO EMPLOYMENT APPLICATION
(To Be Completed After Employment Only)**

DATE OF BIRTH (MM/DD/YR):		BIRTHPLACE (CITY/STATE):	
MAIDEN NAME:		MARITAL STATUS:	
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
SPOUSE'S NAME:		AGES OF CHILDREN:	
OTHER LANGUAGES SPOKEN/WRITTEN:			
HAVE YOU LIVED IN CALIFORNIA FOR THE PAST 2 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IN CASE OF EMERGENCY, NOTIFY:	NAME/RELATIONSHIP:		
	ADDRESS:		
	TELEPHONE NUMBER: ()		

O F F I C E U S E O N L Y

PROJECTED START DATE:	SALARY:
DEPARTMENT:	SHIFT:
SUPERVISOR:	
JOB OFFER MADE ON (MM/DD/YR):	
NOTES/COMMENTS:	