

Background Checks
 We are concerned about violence in the workplace, falsified employment applications, and employee theft. We will conduct a full background check on all candidates for employment.

HOME OF GUIDING HANDS
1825 Gillespie Way, Suite 200, El Cajon, CA 92020

Drug Screening
 We are committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a pre-employment drug screen.

APPLICATION FOR EMPLOYMENT

It is the policy of Home of Guiding Hands to afford equal opportunity for employment to all individuals regardless of race, color, religion, national origin, sex, sexual orientation, marital status, age, disability (except where a bona fide occupational qualification exists), Vietnam-Era veteran, or any other characteristic protected by law. *Reasonable accommodation: In compliance with the Americans with Disabilities Act, if you need special assistance in the selection process, please notify Human Resources.*

Please complete this application in its entirety, even if you have also submitted a resume.

(Please Print) PERSONAL

Date of Application ____/____/____

Position(s) Applied for: _____ Part-time Full-time

Name: _____
 Last Name First Name Middle Name / Initial

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Social Security #: _____ - _____ - _____

ACKNOWLEDGEMENT AND CERTIFICATION

I certify that all statements made by me on this application, in the resume (if any) I submitted to Home of Guiding Hands (HGH) and during my interviews with HGH are true and correct, to the best of my knowledge. In the event of employment, I understand that my employment is predicated upon the truthfulness and accuracy of these statements, and I further understand that any misrepresentation, falsification or omission of facts, regardless of when discovered, shall be grounds for my discharge from employment.

I understand that prior to or at any time after employment commences a consumer report may be requested for employment purposes from Choice Point Consumer Center from public records including; but not limited to, Social Security number, motor vehicle operation history, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the Federal Fair Credit Reporting Act (FCRA), I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY, OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OF THE U.S., A PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THAT MAY BE OBTAINED CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUIRED BY CHOICE POINT DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the Fair Credit Reporting Act, the California Consumer Investigative and Credit Reporting Agencies Acts, and in accordance with the Federal Trade Commission staff opinions, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency including their toll free number, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have their right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency.

I understand that any Consumer Report or Investigative Consumer Report requested will be used strictly for employment purposes as defined under §603(h) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that request for workers' compensation information shall be after a conditional job offer is made and may include "any and all" injures pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, any offer of employment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion, or reassignment, I must authorize the procurement of such Report(s). A photographic or faxed copy of this form shall be as valid as the original. If I am made a conditional offer of employment, I authorize the release of any medical and/or physical records required by HGH. If hired, I agree to conform to the policies and procedures of HGH as issued from time to time.

I understand that this application is not a contract of employment, and that completion of this application does not in any way obligate HGH to hire me or offer me a job. I further understand that this application will remain active for at least 30 days, and that, if I have not been hired by that date, I must renew my application to be considered for future employment.

Signature _____ Date _____

WORK HISTORY

List your paid or unpaid work experience in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Most Recent Employer: Address: City, State, Zip Code: Telephone:	Name of Immediate Supervisor:	Employed	Pay
		From (mo/yr)	Starting \$/hr.
		To (mo/yr)	Ending \$/hr.
Job Title:	Reason for Leaving:		
Duties:			
Name of Employer: Address: City, State, Zip Code: Telephone:	Name of Immediate Supervisor:	Employed	Pay
		From (mo/yr)	Starting \$/hr.
		To (mo/yr)	Ending \$/hr.
Job Title:	Reason for Leaving:		
Duties:			
Name of Employer: Address: City, State, Zip Code: Telephone:	Name of Immediate Supervisor:	Employed	Pay
		From (mo/yr)	Starting \$/hr.
		To (mo/yr)	Ending \$/hr.
Job Title:	Reason for Leaving:		
Duties:			
Name of Employer: Address: City, State, Zip Code: Telephone:	Name of Immediate Supervisor:	Employed	Pay
		From (mo/yr)	Starting \$/hr.
		To (mo/yr)	Ending \$/hr.
Job Title:	Reason for Leaving:		
Duties:			

EDUCATION AND SKILLS

Name and Address of School	Highest Grade Completed	Did you Graduate?
High School: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Name) (City) (State) </div>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
College or University _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Name) (City) (State) </div> College Major: _____ Degree: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Name) (City) (State) </div> College Major: _____ Degree: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Educational and/or Vocational or Technical Training Information	Courses Completed	
School: _____		
School: _____		
School: _____		
List Software Skills: _____		
Foreign Language Skills: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write		

EMPLOYMENT HISTORY

Are you employed now? Yes No

If you answered "Yes," may we contact your present employer? Yes No

Are you on a lay-off subject to recall? Yes No

Have you ever been discharged or asked to resign by a previous employer? Yes No
 If yes, please explain: _____

Have you previously applied for a position with HGH? Yes No

Have you ever been employed by HGH? Yes No
 If yes, location and position: _____ From: _____ To: _____

(Location)
(Position)

GENERAL

Please read this information carefully and answer all of the questions below.

- As required by law, all applicants employed in a direct contact position will require a criminal record clearance. HGH will facilitate this process during the orientation period.
- All job offers are contingent upon the completion of a drug test within 24 hours of the job offer. A positive test result for illegal drugs or undisclosed controlled substances ends further consideration for employment.
- Due to the type of services provided by HGH, applicants must have a valid California driver's license and a clean DMV record.
- Incomplete applications will not be considered.

Are you legally entitled to work indefinitely in the United States? Yes No
If no, please explain in detail : _____
(Proof of identity and employment authorization are required by law if employed)

Are you able to safely and effectively perform the "essential functions" of the position for which you are applying? Yes No
If no, please explain: _____

Have you ever been convicted of a crime? (Felony and/or Misdemeanor) Yes No
If yes, explain each conviction fully. Do not identify marijuana-related misdemeanor convictions occurring more than two years ago or convictions for which the criminal record has been expunged, sealed, or eradicated by the court, or misdemeanor convictions where the case has been dismissed by the court. A conviction will not necessarily disqualify an applicant.

When could you be available to begin employment? _____ Salary Expected? _____

Are you 18 years of age or older? Yes No

Do you have any experience working with someone with a Developmental Disability i.e. Mental Retardation, Cerebral Palsy, Epilepsy or Autism? _____ If yes, please describe below:

HGH is a facility that operates **Three shifts, Seven days a week, 24-hours a day**. What hours are you available to work?

Please **circle** each shift you are **available** to work: 6 a.m. – 2 p.m., 2 p.m. – 10 p.m., 10 p.m. – 6 a.m.

Check each day you are available to work? _____
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Comments: _____

Do you have a valid CA driver's license? Yes No

If you answered "No," do you have a valid license in another state? Yes No

Have you had your driver's license for at least 18 months? Yes No

Have you been involved in any automobile accidents (regardless of fault) in the past five years? Yes No

Have you been ticketed for any moving violations in the past five years? Yes No

Have you ever been discharged from a position for making threats, fighting or any other incident(s) involving violence? Yes No

How did you hear about this job opening?

Advertisement (publication name) _____

Employee Referral; Name _____ Current Employee? Yes No

Friend/Relative: Name _____

School Referral (Name of School) _____

HGH Job line Job Fair www.guidinghands.org or other website _____

Employment Agency EDD GAIN American Job Bank ROP HOC CDC Other: _____

GENERAL (Continued)

Please describe why you would like to work at Home of Guiding Hands:

State any additional information regarding work experience/education you believe may be helpful in considering your application:

I certify that the information listed above is truthful and accurate.

Signature

Date

REFERENCES

List two recent references who have "worked" with you:

Name: _____ Company : _____

Address: _____

Telephone: (____) _____ Years Known/Relationship _____

Name: _____ Company: _____

Address: _____

Telephone: (____) _____ Years Known/Relationship _____

- FOR OFFICE USE ONLY-

