

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: _____ (Name) (City) (State)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
College or University _____ (Name) (City) (State) College Major: _____ Degree: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University: _____ (Name) (City) (State) 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: _____		
<p>List Software Skills: _____</p> <p>Foreign Language Skills: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write</p> <p>_____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write</p>		

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 24 months? Yes No

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

Have you been ticketed for any moving violations in the past four 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-

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)			
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California or from another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

Criminal Convictions that prohibit employment

The Health and Safety Code, Section 1265.5(b)(1) lists specific convictions that prohibit employment as a direct care staff of an ICF/DD, ICF/DDH, ICF/DD-N facility*.

A prospective employee who discloses any of the following criminal convictions will be denied clearance for employment.

Please check any that apply.

- | | |
|---|--|
| <input type="checkbox"/> Abduction for marriage or defilement | <input type="checkbox"/> Mayhem |
| <input type="checkbox"/> Abduction: person under 18 for purposes of prostitution | <input type="checkbox"/> Murder defined; death of fetus |
| <input type="checkbox"/> Administering stupefying drugs | <input type="checkbox"/> Oral copulation with child under 14 against will, voluntarily acting in concert with or aiding and abetting in act of oral copulation against will, unconscious victim, mental disorder/developmentally or physically disabled |
| <input type="checkbox"/> Aggravated mayhem | <input type="checkbox"/> Petty theft |
| <input type="checkbox"/> Arson of structure, forest, land or property; great bodily injury | <input type="checkbox"/> Penetration of genital or anal openings by foreign object |
| <input type="checkbox"/> Assault with intent to commit bodily harm | <input type="checkbox"/> Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares |
| <input type="checkbox"/> Assault with a deadly weapon | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Rape and sodomy |
| <input type="checkbox"/> Continuous sexual abuse of a child | <input type="checkbox"/> Rape of spouse |
| <input type="checkbox"/> Corporal punishment/injury to a child | <input type="checkbox"/> Rape or penetration by foreign object |
| <input type="checkbox"/> Elder or dependent adults; infliction of pain or mental suffering or endangering health; theft or embezzlement of property | <input type="checkbox"/> Receiving stolen property |
| <input type="checkbox"/> Embezzlement | <input type="checkbox"/> Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Extortion by posing as kidnapper or by claiming ability to obtain release of victim | <input type="checkbox"/> Sexual battery |
| <input type="checkbox"/> False imprisonment | <input type="checkbox"/> Sodomy with person under 14 against will, voluntarily acting in concert with or aiding and abetting in act of sodomy against will, sodomy with unconscious victim, with victim with mental disorder or developmental or physical disability |
| <input type="checkbox"/> Forgery, intent, documents of value; counterfeiting seal | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Falsification of records | <input type="checkbox"/> Theft of access card |
| <input type="checkbox"/> Intent to commit theft by fraud | <input type="checkbox"/> Torture |
| <input type="checkbox"/> Grand theft | <input type="checkbox"/> Willful harm or injury to a child |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Willful infliction of corporal injury |
| <input type="checkbox"/> Inveiglement or enticement of unmarried female under 18 for purpose of prostitution | |
| <input type="checkbox"/> Kidnapping | |
| <input type="checkbox"/> Kidnapping for ransom | |
| <input type="checkbox"/> Lewd or lascivious acts with a child under 14 | |
| <input type="checkbox"/> Manslaughter, voluntary | |

*An applicant with any of the above convictions may be employable IF:

- The applicant has been granted a Certificate of Rehabilitation for a felony conviction or the information or accusation has been **dismissed; and**
- The applicant has previously disclosed the conviction to the Department and the Department has determined that the applicant is not disqualified.

The State of California requires documentation of the above before clearing the person for employment. Successful restitution, parole, or probation are NOT substitutes for the mandated documentation.

Important: In addition to convictions for the crimes listed above, ANY CONVICTION other than that for MINOR traffic violations requires evidence of rehabilitation and a review by the Department.

Applicant signature

Date: _____

