



Valley CAPS 178 S. Austin Road, Manteca, CA 95336

Employment Application

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address Home or Cell Phone

No. & Street City State Zip Code

Permanent Address (if different from present address)

No. & Street City State Zip Code

Business Phone Home Phone Email Address

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?..... Yes No

Regular part-time work?..... Yes No

Temporary work, e.g., summer or holiday work?..... Yes No

Other than time off for reasons related to your religion, a disability or a medical condition, are there any days or times when you are unavailable to work?

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Would you be available to work overtime, if necessary?..... Yes No

If hired, what date can you start work? _____

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Personal Information

How did you hear about our company and this job opening? _____

Have you ever applied to or worked for Valley CAPS before? Yes No

If yes, when? _____

Why are you applying for work at Valley CAPS ?

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

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Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
College/ University	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
Vocational/ Business	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
Health Care Training	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at [Valley CAPS](#) ? Yes No

If so, please explain:

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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?..... Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended?..... Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

Current employer?..... Yes No

May we contact this employer for a reference?..... Yes No

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

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Employment History, continued

Name of Employer _____ Phone Number _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties _____
Reason for Leaving _____

May we contact this employer for a reference?..... Yes No

Name of Employer _____ Phone Number _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties _____
Reason for Leaving _____

May we contact this employer for a reference?..... Yes No

Name of Employer _____ Phone Number _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties _____
Reason for Leaving _____

May we contact this employer for a reference?..... Yes No

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References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

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Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Valley CAPS to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Date

Applicant's Signature

CRIMINAL RECORD STATEMENT & OUT-OF-STATE DISCLOSURE

State law requires that persons associated with licensed care facilities, Home Care Aide Registry or TrustLine Registry applicants 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 do not need to 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
You do not need to disclose convictions that were a result of one’s status as a victim of human trafficking and that were dismissed pursuant to Penal Code Section 1203.49, nor any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7. However, you are required to disclose convictions that were dismissed pursuant to Penal Code Section 1203.4(a).

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

For Foster Family Homes, Certified Family Homes, and Resource Families only:

Have you ever been arrested for a crime against a child or for spousal or cohabitant abuse? YES NO

For Children’s Residential Facilities:

Have you lived in a state other than California within the last five years? YES NO
 If yes, list each state below and then complete an LIC 198B for each state:

You must check yes to the corresponding question(s) above to report every conviction (including reckless and drunk driving convictions) you have on your record, even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn’t have to go to court (your attorney went for you);
- You had no jail time, or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- 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 REPORT ON THIS FORM BY CHECKING YES, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPROVAL, OR EXCLUSION FROM A LICENSED FACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY.

If you move or change your mailing address, you must send your updated information to the Caregiver Background Check Bureau within 10 days to:

Caregiver Background Check Bureau
 744 P Street, M/S T9-15-62
 Sacramento, CA 95814

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/ORGANIZATION/AGENCY NAME: Valley CAPS	FACILITY/ORGANIZATION NUMBER: 390312660
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YOUR NAME (print clearly):

YOUR ADDRESS (street, city, state, zip):

SOCIAL SECURITY NUMBER: (See Privacy Statement on Page 3):	DRIVER'S LICENSE NUMBER/STATE:	DATE OF BIRTH:
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SIGNATURE:	DATE:
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Instructions to Licensees:

If the person discloses that they have ever been convicted of a crime, maintain this form in your facility/organization personnel file and send a copy to your Licensed Program Analyst (LPA) or assigned analyst.

Instructions to Regional Offices and Foster Family Agencies:

If 'Yes' is indicated in any box above, forward a copy of this completed form (and the LIC 198B, as applicable) to the Caregiver Background Check Bureau, 744 P Street, MS T9-15-62, Sacramento, CA 95814.

If 'No' is indicated above in all boxes, keep this completed form in the facility file.

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/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). 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

With the exception of Foster Family Homes, Certified Family Homes, Small Family Childcare Homes, and Resource Family Approval Homes, the Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization 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.