



# Employment and Volunteer Application

**Instructions: All sections of the application must be filled out by the applicant regardless of whether a resume is attached.** Resumes, letters of recommendation, certificates, and diplomas, if available, may be attached.

Community Interface Services is an equal opportunity employer. In accordance with state and federal law, Community Interface Services will not discriminate against an employee or applicant for employment on the basis of race, religion, sex, marital status, color, national origin, ancestry, age (40 and over), medical condition, genetic information, military or veteran status, sexual orientation, physical or mental disability (including AIDS, HIV and cancer), or pregnancy in hiring, promoting, training, benefits, transfers, layoffs, terminations, recommendations, rates of pay or other forms of compensation.

Any applicant with a disability requiring an accommodation in order to complete the application process or perform the essential functions of the job should notify the administrative assistants in the front office or contact the HR department and request such an accommodation. The individual should specify the type of accommodation needed. The agency will conduct an investigation to identify barriers that make it difficult for the applicant to have an equal opportunity to perform his/her job. The agency will identify possible accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, the agency will make the accommodation.



Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
LAST FIRST MIDDLE

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Have you worked under another name?  Yes  No If yes, what name and when? \_\_\_\_\_

How long have you resided in the immediate area? \_\_\_\_\_

If new to the area, what brings you here? \_\_\_\_\_

How long do you plan on remaining in this area? \_\_\_\_\_

Briefly summarize your exposure to and experience with persons with developmental disabilities, if any.

Position applying for: \_\_\_\_\_

Date available to begin: \_\_\_\_\_ Hours per week desired: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Hours available/willing to work: \_\_\_\_\_

Check all that you are willing to consider working:  Part Time  3 to 5 evenings per week  Weekends  
 In a live-in/roommate position  Overnight (sleeping)

Do you plan on coupling this position with other activities such as work or school?  Yes  No

If yes, please indicate the following:

ACTIVITY	HOURS AND DAYS	LOCATION

Salary required: \$ \_\_\_\_\_ (hourly) or \$ \_\_\_\_\_ (monthly)

What is your vocational goal 5 years from now? \_\_\_\_\_

How did you hear about Community Interface Services and/or this opening? \_\_\_\_\_

If by current Community Interface Services employee, who? \_\_\_\_\_

Have you ever applied to this agency before?  Yes  No If yes, when? \_\_\_\_\_

List the names of acquaintances, friends, or relatives that are/were employees of Community Interface Services:

If offered a position, how many months/years do you anticipate being able to commit to employment at our agency?

Please explain: \_\_\_\_\_



## Transportation

Check the type of vehicle you plan to use for work:  Car  Truck  Van  Sport Utility

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Do you have exclusive use of this vehicle?  Yes  No

How many seats (with seat belts) does your vehicle have?  2  3  4  5  6+

Who is your motor vehicle insurance company? \_\_\_\_\_

List all violations which appear on your driving record or write "none." \_\_\_\_\_

Do you have (or are you willing to get) a valid CA Driver's License?  Yes  No

## Skills / Abilities / Qualifications

Are you able to lift and/or assist persons with disabilities when transferring (e.g., from wheelchair to bed)?  Yes  No

Are you willing to work with individuals with assaultive behaviors?  Yes  No

Are you willing to assist people with personal care such as eating or using the restroom?  Yes  No

What language(s) do you speak? \_\_\_\_\_

List any relevant skills acquired during U.S. military service, if applicable: \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your present or past employers?  Yes  No

Do you have any history of child, dependent adult, or elder abuse, neglect or mistreatment?  Yes  No

Have you ever been reprimanded/disciplined/terminated for being late, missing work, and/or violating safety or other employer policies?  Yes  No

If you answered "Yes" to any of the 3 preceding questions, please explain:



# Formal Education

HIGH SCHOOL/GED	CITY	STATE		DID YOU GRADUATE?			GPA
COLLEGE/UNIVERSITY	CITY	STATE	UNITS COMPLETED	DID YOU GRADUATE?	DEGREE	MAJOR/MINOR	GPA
COLLEGE/UNIVERSITY	CITY	STATE	UNITS COMPLETED	DID YOU GRADUATE?	DEGREE	MAJOR/MINOR	GPA
GRADUATE SCHOOL	CITY	STATE	UNITS COMPLETED	DID YOU GRADUATE?	DEGREE	MAJOR/MINOR	GPA

List any scholastic honors, professional memberships, certificate programs, subjects of special study or research work, or licenses:

What are your future educational plans? \_\_\_\_\_

Have you already applied?  Yes  No Which institution? \_\_\_\_\_

Major: \_\_\_\_\_ Anticipated start date: \_\_\_\_\_  Part time  Full time

Will you continue to work while in school?  Yes, full time  Yes, part time  No

# Volunteer History

Please list any significant volunteer experiences for the last 10 years. Begin with your most recent.

Organization \_\_\_\_\_ Supervisor \_\_\_\_\_  
NAME TITLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Dates volunteered \_\_\_\_\_  
FROM TO

Type of work \_\_\_\_\_ Hours per week \_\_\_\_\_

Organization \_\_\_\_\_ Supervisor \_\_\_\_\_  
NAME TITLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Dates volunteered \_\_\_\_\_  
FROM TO

Type of work \_\_\_\_\_ Hours per week \_\_\_\_\_

Organization \_\_\_\_\_ Supervisor \_\_\_\_\_  
NAME TITLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Dates volunteered \_\_\_\_\_  
FROM TO

Type of work \_\_\_\_\_ Hours per week \_\_\_\_\_



## Work History (Also see application page 3 for volunteer history.)

1. Please complete regardless of whether you have attached a resume. Do not write "See Resume."
2. List in chronological order a complete work history of all jobs held in the past 10 years, beginning with your most recent employment.

Employer \_\_\_\_\_ Your title \_\_\_\_\_

\*If this is your current employer, is it okay to contact them?  Yes  No, please wait for my authorization.

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_  
FROM TO

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_  
FROM TO

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_  
FROM TO

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_



Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_  
FROM TO

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_  
FROM TO

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_  
FROM TO

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_



# References

Please list 3 personal references below. Include 1 person who has known you for at least 10 years. Do not repeat names which appear in the "Work History" section of this application.

NAME		OCCUPATION
DAY PHONE	EVENING PHONE	EMAIL
BEST TIMES TO REACH		RELATIONSHIP TO APPLICANT
YEARS ACQUAINTED (NON-FAMILY ONLY)		

NAME		OCCUPATION
DAY PHONE	EVENING PHONE	EMAIL
BEST TIMES TO REACH		RELATIONSHIP TO APPLICANT
YEARS ACQUAINTED (NON-FAMILY ONLY)		

NAME		OCCUPATION
DAY PHONE	EVENING PHONE	EMAIL
BEST TIMES TO REACH		RELATIONSHIP TO APPLICANT
YEARS ACQUAINTED (NON-FAMILY ONLY)		

# Declaration, Authorization, and Release

I understand the provisions of this employment application and/or any job announcements do not constitute an expressed or implied contract. I certify that the above statements are true, and I further understand that misrepresentations or omission of facts called for in this application, on any resume I may submit, and in any interview are cause for rejection of the application, refusal to hire, or dismissal, no matter when discovered.

I understand that any job offer is contingent upon my providing and maintaining required documentation including, but not limited to, a passing drug screen from Community Interface Services' medical clinic, fingerprints cleared by the Department of Justice and/or the Federal Bureau of Investigation, proof of eligibility to work in the United States, a current motor vehicle insurance policy, a valid CA driver's license, an acceptable motor vehicle report, a vehicle in safe working order, and proof of educational achievements claimed in this application.

I understand that, respective to possible employment, there is no agreement, expressed or implied, between myself and Community Interface Services for any specific period of employment or for continuing employment. I understand that Community Interface Services maintains an "at-will" relationship with its employees, that any statements made to the contrary are not binding, and that either the employee or the employer may terminate the employment relationship with or without cause, with or without notice.

I authorize any representative of Community Interface Services to investigate my background and the statements contained in this application including, but not limited to, my references, educational records, sex offender registry status, the Office of Inspectors' General (OIG) List of Excluded Individuals and the Medi-Cal Suspended and Ineligible Providers List, and work history. This information includes, but is not limited to, my work achievements, performance, attendance, disciplinary history, salary record, and personal history.

I authorize and direct all of my former schools and employers, and any other individual or entity that possesses information about my background, to release such information about me upon request from a representative of Community Interface Services, regardless of any prior direction to the contrary that I may have given. I also authorize disclosure to Community Interface Services of all transcripts, reports, letters, or other education or work records, without prior notice to me. I release all schools, past and present employers, and all other individuals and entities from any and all liability for damage of whatever kind which may, at any time, result to me because of compliance with this authorization and request to release information.

\_\_\_\_\_  
SIGNATURE (If not submitting electronically)

\_\_\_\_\_  
DATE

(If submitting electronically) By checking this box I certify that I, \_\_\_\_\_ have completed this application and that all statements made by me are true and correct. I also agree to all of the statements above in the "Declaration, Authorization, and Release" section.