

### Employment Application

Trinity Development Center & Medina Residential Care Services is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT. Complete the entire application.** You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position. All applicants must also complete Form LIC508, The Criminal Record Statement.

#### APPLICANT INFORMATION

Last Name		First Name		MI.
A.K.A./ Maiden Name:		Street Address		Apartment/Unit #
City		State		ZIP Code
Home Phone		Cell Phone Number	(   )   -	
Social Security #:	E-mail Address		Desired Salary Range or Hourly Rate of Pay: \$ <input type="checkbox"/> Hr <input type="checkbox"/> Yr	
Position Applied for:			Date of Application	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Do you have any Availability Restrictions?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain Below.	
			The companies in conjunction operate 24 hours 7 days a week Are you able to meet the attendance requirements for the position? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Explain reason for Availability Restrictions (Days and Hours that cannot be worked or scheduled)				
Referral Source:		What is the best time to contact you:		Are you over the age of 18: YES <input type="checkbox"/> NO <input type="checkbox"/>
Type of Employment Seeking: Full-Time      Part-Time Seasonal      Temporary		Will you travel if required? YES <input type="checkbox"/> NO <input type="checkbox"/>		Will you participate in and follow all guidelines and regulation; meet and fulfill all requirements in the Employee Mentoring Volunteer Incentive Program EMVIP. YES <input type="checkbox"/> NO <input type="checkbox"/>
Will You work Over time if required? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you currently or will attend School? YES <input type="checkbox"/> NO <input type="checkbox"/>		If Necessary, what is the best time to contact you? <input type="checkbox"/> AM <input type="checkbox"/> PM
Do you posses a Valid California Drivers License? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>Driving is a required part of the job.</i>		Have you ever been bonded before YES <input type="checkbox"/> NO <input type="checkbox"/> Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.		
Driver License #:		Have you ever plead "Guilty" or "No Contest" to, or been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide date(s) and details		

#### Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

*Please provide a copy of all valid Licenses and Certificates.*

Licenses and Certificates: (include Exp. Date)      Computer Skills: List all CPU software programs that you can operate and years of experience

Do you posses a current First Aid Card? YES ☐ NO ☐      Do you posses a current CPR card? YES ☐ NO ☐

Summarize why you feel you are the best candidate to work for our company.

## Employment Application

## Employment History

Starting with the most recent employer, provide the following information.

Have you ever been terminated from a job YES <input type="checkbox"/> NO <input type="checkbox"/>	If you answered "yes" please provide details:
Explain in detail any gaps or long periods of unemployment in your employment history.	

Employer	Telephone # ( ) -	Dates Employed From: To:
Street Address	City	State
Starting Compensation \$ <input type="checkbox"/> Hr <input type="checkbox"/> Yr		Reason Why you left <del>or</del> Reason why you are thinking about leaving?
Final or Current Compensation \$ <input type="checkbox"/> Hr <input type="checkbox"/> Yr		Starting Job Title
Immediate Supervisor		May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
What did you enjoy most about your position?	What did you like least about your position?	

Employer	Telephone # ( ) -	Dates Employed From: To:
Street Address	City	State
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Final or Current Compensation \$ <input type="checkbox"/> Hr <input type="checkbox"/> Yr		Starting Job Title
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Street Address	City	State
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Final or Current Compensation \$ <input type="checkbox"/> Hr <input type="checkbox"/> Yr		Starting Job Title
Immediate Supervisor		May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
What did you enjoy most about your position?	What did you like least about your position?	

# Trinity Development Center

## Medina Residential Care Services

### Employment Application

#### Educational Background

Starting with your most recent school attended, provide the following

Name of School (include city & state)	Years Completed	Type of Study Completed	GPA	Major/Minor
		Diploma Degree Certification Other	GED	
		Diploma Degree Certification Other	GED	
		Diploma Degree Certification Other	GED	
		Diploma Degree Certification Other	GED	

#### References

List the name and telephone number of two professional or educational references who are not related to you and are not previous supervisors; and one personal reference who is not related to or living with you.

Name	Title	Relationship to you	Telephone	Number of years known
1. Professional/Educational Reference			( ) -	
2. Professional/Educational Reference			( ) -	
1. Personal Reference			( ) -	

Is there any other job related information you want us to know about you?

Additional Information

#### Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 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 for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.


I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States of America and the federal immigration laws and regulations require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misleading in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate termination from the employer's service, whenever the truth and facts are discovered

**DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ AND FULLY UNDERSTAND THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement provided above.**

Signature of Applicant:

  
Applicant

Date of Signing/Submitting Application: \_\_\_\_\_.