

## PROJECT INDEPENDENCE APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Equal Employment Opportunity Statement: Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Position Desired: _____	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	Date Available to start: _____
Check Days Available: <input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs
	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Hours Available: _____			

Name: _____			
(Print) Last	First	Middle	
Present Address: _____			How long? _____
Street Number	City	State	Zip
Previous Address: _____			How long? _____
Street Number	City	State	Zip
Daytime Telephone No. _____		Evening Telephone No. _____	
		Other No. _____	

Have you ever worked for this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give dates and position: _____

### EMPLOYMENT HISTORY

Please list employment starting with your most recent position. Account for any time during this period in which you were unemployed or military service by stating the nature of your activities. If self-employed, give firm name and supply business references.

Present or Last Employer	Dates Employed (mo/yr)	Position/Title:
Employer: _____	From: _____	Supervisor: _____
Telephone #: _____	To: _____	Duties Performed: _____
Address City State Zip		
Exact Reason for Leaving: _____		

Previous Employer	Dates Employed (mo/yr)	Position/Title:
Employer: _____	From: _____	Supervisor: _____
Telephone #: _____	To: _____	Duties Performed: _____
Address City State Zip		
Exact Reason for Leaving: _____		

Previous Employer	Dates Employed (mo/yr)	Position/Title:
Employer: _____	From: _____	Supervisor: _____
Telephone #: _____	To: _____	Duties Performed: _____
Address City State Zip		
Exact Reason for Leaving: _____		

Previous Employer	Dates Employed (mo/yr)	Position/Title:
Employer:	From:	Supervisor:
Telephone #:	To:	Duties Performed:
Address City State Zip		
Exact Reason for Leaving:		

Previous Employer	Dates Employed (mo/yr)	Position/Title:
Employer:	From:	Supervisor:
Telephone #:	To:	Duties Performed:
Address City State Zip		
Exact Reason for Leaving:		

Previous Employer	Dates Employed (mo/yr)	Position/Title:
Employer:	From:	Supervisor:
Telephone #:	To:	Duties Performed:
Address City State Zip		
Exact Reason for Leaving:		

Are you legally eligible for employment in the United States?  Yes  No (Proof of eligibility required upon employment)

If No, please explain \_\_\_\_\_

Are you a veteran?  Yes  No

Have you ever been terminated or asked to resign from any job?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_

Please explain fully, any gaps in your employment history:

May we contact your current employer?  Yes  No If No, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name?  Yes  No Is any additional information relative to change of name. Use of an assumed name, or nickname necessary to enable a check on your work and educational records? If Yes, please explain:

If hired, can you furnish proof that you are 18 years of age?  Yes  No

List names of friends or relatives now employed by Project Independence \_\_\_\_\_

Are there any jobs for which you do not wish to be considered? \_\_\_\_\_

Do you have First Aid certification?  Yes  No Expiration \_\_\_\_\_

Do you have CPR certification?  Yes  No Expiration \_\_\_\_\_

Do you have a current California Driver License?  Yes  No D.L. # \_\_\_\_\_

Do you have a working car to carry out specific duties?  Yes  No

Do you have adequate transportation to and from work?  Yes  No

Is your vehicle insured?  Yes  No Company \_\_\_\_\_ Policy # \_\_\_\_\_

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?

Yes  No

**EDUCATION**

School Name	Circle Years Completed	Diploma Degree	Course of Study or Major	Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University	1 2 3 4 5			
Graduate Professional:				

**PERSONAL REFERENCES**

Please list persons who know you well – not-previous employers or relatives.

Name	Occupation	Address – Street, City and State	Telephone Number	Years Known	Relationship To You

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS, IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

**PLEASE READ THIS STATEMENT CAREFULLY**

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize this company to contact any of my past employers, except as otherwise indicated. I authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I release this company and all persons and organizations from all claims and liabilities of any nature arising from such investigations. I also understand that an investigative report may be made whereby information is obtained through personal interviews, and agency background checks in regards to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report. If hired, I may be required to submit proof of U.S. Citizenship. I understand that my employment is for no definite period of time and may be terminated at any time by the company or by me, with or without cause. I have read and understand the foregoing statements and accept the same as conditions of employment.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

The following are conditions of employment for all positions at Project Independence and the employee is responsible for any cost incurred in meeting these conditions prior to start date:

1. DMV Report – All applicants must provide a three year DMV report before their start date if hired. Failure to demonstrate a good driving record will result in disqualification of employment with our company.
2. Driver's License & Vehicle Insurance - Employees must provide a valid California Driver's License and valid auto insurance. These items must be kept current and will be reviewed at their expiration dates.
3. First Aid and CPR – Certification must be valid prior to first day of work. Failure to obtain certification will result in termination of employment.
4. Fingerprints – fingerprinting is required by the State of California.
5. Proof of Employment Eligibility (I-9) – The Department of Homeland Security requires that all employees submit proof of eligibility to work in the United States. A complete list of documents which may meet these requirements is on the back of the I-9 form.
6. Proof of High School Diploma and any advanced degrees.
7. A valid Social Security Card.

**I AUTHORIZE PROJECT INDEPENDENCE TO USE AN INVESTIGATING CONSUMER REPORTING AGENCY TO CHECK MY CREDIT AND PERSONAL HISTORY. AT MY REQUEST, THE NAME OF THE REPORTING AGENCY MAY BE OBTAINED SO I MAY REQUEST THE NATURE AND SUBSTANCE OF THE INFORMATION IN THE REPORT.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## PROJECT INDEPENDENCE

As an individual working in the Social Services field, you will interact with many people with differing views on employment, community integration and disabilities. Your role is to educate and act as an advocate for integration. Please write how you might respond under each statement.

1. An employer says, "Don't they have places for those people?"
2. A parent says, "I think Timmy is more at home in the workshop than he would be in another job. He's been there for five years, and besides, all his friends are there!"
3. A consumer with disabilities and no work experience says, "I'm not taking a low paying, dead-end job. I only want a job that's going somewhere and has good benefits."
4. A non-handicapped co-worker says, "What's wrong with him anyway? He acts weird."
5. Your friend says, "You must have so much patience to work with those people. Why do you do it?"