

# Oxnard Family Circle ADHC

## APPLICATION FOR EMPLOYMENT

Please complete the following application in its entirety. All questions must be answered even when submitting a resume.

**EMPLOYEMENT DESIRED**

DATE: \_\_\_\_\_

Position: \_\_\_\_\_

Full Time:  Part Time:  Available to Begin Working if Hired \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle) Social Security Number

Present address \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_, ( ) \_\_\_\_\_, ( ) \_\_\_\_\_  
(Home) (Cell)

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**EDUCATION**

Name of School and Address	Number of College Credits/Units	Graduated		Degree
		Yes	No	
High School				
Junior Community College or Trade School				
College				
College				
College				
Seminars or special training or Certificate				
Other:				

## EMPLOYMENT HISTORY AN INFORMATION

LIST ALL FORMER EMPLOYERS WITHIN THE LAST 10 YEARS AND POSITION

List most recent employer first and account for any gaps in employment.

May we contact your present employer?  Yes  No If no, Please explain: \_\_\_\_\_

<b>Company Name:</b>	Length of Employment
Address:	From:
Telephone: <span style="float: right;">Supervisor:</span>	Salary:
Job Title	
Specific Duties:	
Reason for leaving	
<b>Company Name:</b>	Length of Employment
Address:	From:
Telephone: <span style="float: right;">Supervisor:</span>	Salary:
Job Title	
Specific Duties:	
Reason for leaving	
<b>Company Name:</b>	Length of Employment
Address:	From:
Telephone: <span style="float: right;">Supervisor:</span>	Salary:
Job Title	
Specific Duties:	
Reason for leaving	
<b>Company Name:</b>	Length of Employment
Address:	From:
Telephone: <span style="float: right;">Supervisor:</span>	Salary:
Job Title	
Specific Duties:	
Reason for leaving	

Have you ever been arrested and convicted of a Felony?  Yes  No

How did you learn of this position?  Newspaper,  Referred by another employee,  Other

If employees please give name: \_\_\_\_\_

Other: \_\_\_\_\_

What interested you in working with the elderly and impaired? \_\_\_\_\_

Can you type? Yes , WMP \_\_\_\_\_, No , Can you operate a computer? Yes \_\_\_\_\_, No \_\_\_\_\_

Computer software: M/S Word , M/S Excel , Power Point , Other: \_\_\_\_\_

List other business office skills: \_\_\_\_\_

### REFERENCES

List the names, address, and phone number of individuals who have first-hand knowledge of your abilities, experience and work habits.

Name:	Address	Day Phone	Evening Phone
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Name:	Address	Day Phone	Evening Phone
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Name:	Address	Day Phone	Evening Phone
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I hereby certify that all of the information set forth herein is true and correct. I understand that the discovery of any false statements, misrepresentations or omissions of requested information on this application shall be grounds for immediate dismissal. I acknowledge that if I am hired, my employment may be terminated at any time either by me or my employer, with or without cause, for any reason or no reason.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Check one box

Participant

Employee

### Oxnard Family Circle

## Emergency Information

Name:	D.O.B.	SSN:
Position:	Date of Employment:	
Address:	Telephone:	

### Person to notify in case of an emergency

Name #1:	Relationship:
Phone:	Address:

Name #2:	Relationship:
Phone:	Address:

Name #3:	Relationship:
Phone:	Address:

Any additional information or comments:

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