



NAME OF APPLICANT _____
LAST FIRST MIDDLE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ CELL PHONE _____ EMAIL _____

POSITION APPLIED FOR _____ REFERRAL SOURCE _____

LAST HIGH SCHOOL ATTENDED _____ GRADUATED YES NO
 G.E.D. YES NO

EDUCATION	NAME / LOCATION OF SCHOOL	MAJOR SUBJECT	DEGREE OR UNITS COMPLETED *
COLLEGE			
COLLEGE			
TECHNICAL TRADE			

* For any degrees/units cited, proof of documentation will be required upon hire.

PERSONAL DATA

Have you ever applied or worked for Vista Del Mar Child and Family Services? YES NO

Has any relative of yours been employed at Vista Del Mar (past or present)? YES NO

If YES, list them and indicate their relationship to you: NAME _____ RELATIONSHIP _____
 NAME _____ RELATIONSHIP _____

Are you 21 years of age or older? (The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age) YES NO

Do you have the right to work within the United States? YES NO

Are you a veteran of the Vietnam War? Of any other war? (Federal Law requires obtaining this information from veterans—please complete if applicable.) YES NO If YES, which war? _____

I understand and agree that I will be required to take a physical exam, tuberculosis test, fingerprint live scan and drug screening as a condition of hiring and/or continued employment. I agree to take such time as designated by the agency, and to release the agency, its directors, officers, agents or employees from any claim arising in connection with the use of such tests. YES NO

Driver license information is required for all clinical staff, Youth Development Counselors, recreation therapists, teachers, teaching assistants, and maintenance staff, because driving may be required for those positions. Driving records may have an impact on potential hiring.

DRIVER LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____

SKILLS	PROFESSIONAL / TECHNICAL APPLICANTS ONLY
TYPE <input type="checkbox"/> YES <input type="checkbox"/> NO WPM _____	PROFESSIONAL LICENSE _____ EXPIRATION DATE _____
COMPUTER <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF LICENSE _____ STATE _____

Is there any reason why you would be unable to safely perform any of the essential functions or conform to all attendance requirements of the position for which you are applying? YES NO

IF YES, what can be done to accommodate your limitation? _____

EMPLOYMENT (Begin with most recent job. List all jobs and periods of unemployment for last 10 years. Attach additional sheets if necessary.)

EMPLOYER:	DATES EMPLOYED / UNEMPLOYED		SUMMARIZE TYPE OF WORK PERFORMED + RESPONSIBILITIES
PHONE:	FROM	TO	
ADDRESS:			
JOB TITLE:			
IMMEDIATE SUPERVISOR AND TITLE:			
REASON FOR LEAVING			

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JOB TITLE			
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING			

MAY WE CHECK REFERENCES WITH YOUR CURRENT EMPLOYER? YES NO

LIST 3 PEOPLE WHO HAVE SUPERVISED YOUR WORK, PREFERABLY FOR AT LEAST 1 YEAR, WHOM WE CAN CONTACT IMMEDIATELY:

NAME _____ COMPANY AFFILIATION: _____
 PHONE _____ EMAIL _____

NAME _____ COMPANY AFFILIATION: _____
 PHONE _____ EMAIL _____

NAME _____ COMPANY AFFILIATION: _____
 PHONE _____ EMAIL _____

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE AGENCY, UNLESS I HAVE INDICATED TO THE CONTRARY.

FURTHERMORE, FALSIFICATION OR OMISSION OF ANY MATERIAL INFORMATION ON THIS APPLICATION, OR FAILURE TO PASS THE PHYSICAL EXAMINATION IF I RECEIVED A JOB OFFER, MAY BE SUFFICIENT CAUSE FOR IMMEDIATE TERMINATION OF EMPLOYMENT.

I AGREE THAT IF EMPLOYED I WILL ABIDE BY ALL POLICIES AND PROCEDURES ESTABLISHED BY VISTA DEL MAR, AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE AGENCY.

NO EMPLOYEE OR REPRESENTATIVE OF THE AGENCY, OTHER THAN ITS CHIEF EXECUTIVE OFFICER, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING. FURTHERMORE, THE CHIEF EXECUTIVE OFFICER OF THE AGENCY MAY NOT ALTER THE AT-WILL NATURE OF THE EMPLOYMENT RELATIONSHIP UNLESS HE DOES SO SPECIFICALLY AND IN WRITING THAT HE SIGNS.

VISTA DEL MAR DOES NOT UNLAWFULLY DISCRIMINATE VIA EMPLOYMENT PRACTICES, AND NO QUESTION ON THIS APPLICATION SHALL BE USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

SIGNATURE OF APPLICANT _____ **DATE** _____



VISTA DEL MAR
CHILD AND FAMILY SERVICES

AUTHORIZATION AND VERIFICATION FORM

The applicant named below has recently submitted an Application for Employment with our firm. Please verify his/her service below.

Applicant's Authorization:

I hereby authorize you to make available any information you may have regarding my job performance and character.

Applicant's Name

Applicant's Signature

Date

Verifier's Name: _____

Place of Employment: _____

Dates of Employment: _____

Full Time _____ **Part Time** _____

Rating	Outstanding	Very Good	Good	Improvement Needed	Unsatisfactory
Attendance					
Cooperation					
Initiative					
Productivity					
Job Knowledge					
Reliability					
Quality of work					

Do you know his/her reason for leaving?

Would you rehire him/her? Yes No Why?

Is there anything else you would like to tell us about this employee?

Human Resources/Vista Del Mar Representative Signature: _____

Title: _____

Date: _____

DRUG TESTING POLICY

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PURPOSE

Vista Del Mar Child and Family Services are committed to maintaining a drug-free workplace.

It is the policy of Vista Del Mar that the use, sale, purchase, transfer, manufacture, distribution, or possession of an illegal substance by any employee, while on Agency's premises or while engaged in Agency business is strictly prohibited.

PRE-EMPLOYMENT TESTING

All applicants will be required to submit to and pass a urine drug test as a condition of employment. Verbal offers of employment are made contingent upon the applicant consenting to, submitting to and passing the drug test.

Employment will commence only after the test result is reported as negative by the agency designated lab. Refusal to consent or submit to a drug test immediately after receiving a verbal offer of employment will result in the applicant's disqualification from further employment consideration.

Procedures:

1. Employment Offer: All applicants who are offered a position with the Agency will be required to submit to a drug test prior to beginning their employment. The offer extended is conditioned on passing the drug test. The drug test shall be administered only after the making of conditional offer of employment.
2. Consent or Refusal to Test: The applicant is asked to consent to a drug test by signing a release form. The applicant has the right to refuse to submit to a drug test, however, refusal will result in the conditional job offer being withdrawn.
3. Testing Procedures: The applicant will be informed of the drug testing procedure which includes reporting to the lab and submitting to a test immediately after receiving the verbal, conditional offer of employment.
4. Notification of Results: The lab will advise the Human Resources Director of the final results. In turn, the Human Resources Director will advise the applicant whether or not the applicant is eligible for hire.

If the applicant does not pass the drug test and the applicant feels the test is not accurate, the applicant may retest at his/her own expense within 24 hours.

All test results will be kept in a confidential manner.

SUBSTANCES COVERED BY THIS POLICY

Urinalysis will be conducted to detect the presence of the following drugs:

Marijuana
Cocaine
Barbiturates
Propoxyphene
Methadone
Morphine
Methamphetamines
Benzodiazepines
Amphetamines
PCP

Applicants taking legally prescribed medications issued by a licensed health care professional, familiar with their work-related responsibilities must report such use, in writing, to the Human Resources Director if the medication may impair their ability to safely perform their duties. Applicants may be required to present written evidence from their health care professional which describes the effects such medications may have on the applicant's ability to perform their tasks.

Applicants must report, in writing, any over-the-counter medication which they are taking if they believe such medication may impact their ability to safely perform their duties. This includes drugs or medications that are known or advertised as possibly affecting judgment, coordination or other senses, including those which may cause dizziness or drowsiness.



VISTA DEL MAR
CHILD AND FAMILY SERVICES

PRE-EMPLOYMENT DRUG TEST FORM

1. I have read and understand the drug testing policy of Vista Del Mar Child and Family Services, that employees must be tested for drugs as a pre-condition for employment.
2. I consent to the urine sample collection to test for drugs. I have been informed that I cannot be employed as an employee at Vista Del Mar Child and Family Services until a negative result from this test has been reported to the Human Resources Department. I also understand that a positive test is reported or if I fail to consent or refuse to be tested, I will be disqualified from further employment consideration.
3. I authorize the Agency's designated lab to act as the third party administrator for the Agency's drug testing program. I consent to the results of the testing being forward to the Agency's Human Resources Department who will hold maximum respect for privacy.
4. I understand that if I do not pass the drug test, I may retest at my own expense within 24 hours.

Applicant – Print Name

Applicant's Signature

Date



VISTA DEL MAR
CHILD AND FAMILY SERVICES

Application for Employment

CRIMINAL MATTERS:

Have you been convicted of (or pleaded guilty or nolo contendere to) a crime? Do not identify Marijuana-related misdemeanor convictions occurring more than two years ago or convictions, for which the criminal record has been expunged, sealed or eradicated by the court or misdemeanor convictions for which any probation has been completed and the case dismissed by the court.)

NO YES No. of times _____

Did the conviction (and guilty or nolo contendere plea) result in imprisonment?

NO YES No. of times _____

Explain each conviction (and guilty or nolo contendere plea) fully. A conviction (or guilty or nolo contendere plea) will not necessarily disqualify you as an applicant.

Have you ever committed a crime?

NO YES

If yes, please state the circumstance. (Commission of a crime will not necessarily disqualify an applicant.)

Are you currently charged with a resolved criminal charge (a charge which has not yet resulted in a plea, trial, or a dropping of the charge, or for which you are out on bail or on your own recognizance pending trial?)

NO YES

Explain fully. (A charge will not necessarily disqualify an applicant)

SERVICE RECORD:

U.S. Military or Naval Service: _____ Rank: _____

Present membership in National Guard or Reserves _____

Date Obligation Ends: _____

Relevant Skills acquired during military service:
