



# CONNECTIONS FOR LIFE

Connections For Life is an equal opportunity employer who provides opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran's status.

**419 Mason Street, Suite 109  
Vacaville, CA 95688  
707-455-1792 phone  
707-455-1794 fax**

## **CONNECTIONS FOR LIFE Employment Application Instructions**

Please read the following instructions before completing the CONNECTIONS FOR LIFE application package.

1. Complete the following materials:
  - a. Employment Application.
  - b. Confidentiality agreement
  - c. Criminal Record Statement
2. Please make sure that you **sign** the Employment Application (last page).
3. You may attach a resume if you wish; however, information requested must also appear on your application. Please do not write “refer to resume” on your application.
4. Please review all materials for completeness before submitting your application package.
5. Please feel free to ask if you need assistance in completing the application or do not understand any of the instructions.
6. Incomplete applications will not be considered.

**NOTE:** *If you are called in for an interview, you will need to provide us with a DMV printout and proof of a vehicle safety inspection at the time of the interview.*

## CONNECTIONS FOR LIFE

**Please Print**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_  
No.
Street
City
State
Zip

Permanent Address if different from present address

\_\_\_\_\_

No.      Street      City      State      Zip

Email Address \_\_\_\_\_

### Employment Desired

Position applied for: \_\_\_\_\_

Indicate whether you are applying for:  Full-Time **OR**  Part-Time

**Our day hours run from 6:00am – 10:00pm. Overnights are 10:00pm – 6:00am**

Please enter the time range you are available to work each day. Please keep in mind that a living services schedule may include early mornings, late evenings, weekends and overnights. Please be sure to indicate your time as “a.m.” or “p.m.”. If you are not available any hours on a given day, please enter “NONE”.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							
Overnights							

We serve the following cities. Please mark the ones you are willing to travel to for work. **NOTE:** *Not all locations may be available at all times (dependent upon our current needs).*

- Benicia   
  Vallejo   
  Fairfield   
  Dixon   
  Suisun/Cordelia  
 Napa   
  Vacaville

Would you be available to work overtime, if necessary? ..... Yes\_\_ No\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

Are you flexible in the starting rate that you would accept for this position?

Yes, I would be open to discussing a starting rate other than what I indicated

No, I am firm in the amount I am seeking

**Connections For Life Employment Packet**

**Personal Information**

Have you ever applied to or worked for CONNECTIONS FOR LIFE before?  
..... Yes\_\_ No\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for CONNECTIONS FOR LIFE?  
..... Yes\_\_ No\_\_

If yes, state name(s) and  
relationship? \_\_\_\_\_

\_\_\_\_\_

Do you know anyone who is or has received services from CONNECTIONS FOR LIFE?  
..... Yes\_\_ No\_\_

If yes, state name(s) and  
relationship? \_\_\_\_\_

\_\_\_\_\_

Why are you applying for work at CONNECTIONS FOR LIFE? \_\_\_\_\_

\_\_\_\_\_

If hired:  
Are you at least 18 years old? ..... Yes\_\_ No\_\_  
(if under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes\_\_ No\_\_

Note: Hire may be subject to passing a job-related physical examination after employment offer is made. We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions of the job.

**Education, Training and Experience**

	No. of years Completed	Did you Graduate?	Degree/ Diploma
High School/ College			
University/Voc ation			
Business			
Are you Presently enrolled in school?	If yes, give name & address of school and expected degree date.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Some of the people who use our services do not speak English or use an alternative form of communication. Do you speak, sign or write or understand languages other than English?  
 ..... Yes\_\_ No\_\_

If yes, which language? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at CONNECTIONS FOR LIFE? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Answer the Following Questions If You Are Applying for a Professional Position**

Are you licensed/certified for the job applied for? ..... Yes\_\_ No\_\_

Name of license/certification \_\_\_\_\_

Issuing state \_\_\_\_\_

License/certification number \_\_\_\_\_ (please attach copy)

Has your license/certification ever been revoked or suspended? ..... Yes\_\_ No\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement

\_\_\_\_\_

\_\_\_\_\_

### Employment History

List below all present and past employment in chronological order starting with your most recent employer (last 10 years is sufficient). Please account for all periods of unemployment.

**Employer** \_\_\_\_\_

Dates of employment (month and year) From: \_\_\_\_\_ to: \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Dates of employment (month and year) From: \_\_\_\_\_ to: \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Dates of employment (month and year) From: \_\_\_\_\_ to: \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employment History, Page 2**

List below all present and past employment in chronological order starting with your most recent employer (last 10 years is sufficient). Please account for all periods of unemployment.

**Employer** \_\_\_\_\_

Dates of employment (month and year) From: \_\_\_\_\_ to: \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Telephone No. (\_\_\_\_)

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Dates of employment (month and year) From: \_\_\_\_\_ to: \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Telephone No. (\_\_\_\_)

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Dates of employment (month and year) From: \_\_\_\_\_ to: \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Telephone No. (\_\_\_\_)

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

PLEASE USE ADDITIONAL SHEETS TO ACCOUNT FOR YOUR LAST 10 YEARS OF EMPLOYMENT.

### Military Service

Have you obtained any special skills or abilities as the result of service in the military? ..... Yes\_\_ No\_\_

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Business References

List below all persons with knowledge of you or your work performance within the last three years.

**Name** \_\_\_\_\_

Address \_\_\_\_\_  
                    No.    Street                      City                      State                      Zip

Occupation \_\_\_\_\_

Telephone No.(\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_  
                    No.    Street                      City                      State                      Zip

Occupation \_\_\_\_\_

Telephone No.(\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_  
                    No.    Street                      City                      State                      Zip

Occupation \_\_\_\_\_

Telephone No.(\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_



**Please Read and Sign Below**

I do hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize CONNECTIONS FOR LIFE to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the agency any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the agency, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during my interview which may be granted is intended to create any employment contract between me and the agency. I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the agency and that no promises or representations contrary to the foregoing are binding on the agency unless made in writing and signed by me and the agency's designated representative.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

## CONFIDENTIALITY STATEMENT

CONNECTIONS FOR LIFE provides services to people whose confidentiality is insured by Section 4518 (Division 4.5) of the Welfare and Institutions Code (see below). Any verbal or written information you receive during the CONNECTIONS FOR LIFE application process is subject to the penalties of that section if released.

Please carefully read the statement above and Section 4518 below. Please sign and date this form to indicate your understanding and agreement with this policy.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

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

### **Section 4518 (Division 4.5) California Welfare and Institutions Code.**

Any person may bring an action against an individual who has willfully and knowingly released confidential information and records concerning him or her in violation of the provisions of this chapter, or Chapter 1 (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for the greater of the following:

- (1) Five hundred dollars (\$500).
- (2) Three times the amount of actual damages sustained by the plaintiff.