



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. (____) _____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date.		

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, 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.