



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 105
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
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.

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

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.

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

If hired, on what date can you start work? _____

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 Vacaville

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 understand that indicating a time range of availability does not necessarily mean you will be scheduled to work that entire range. 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 SHIFT AVAILABILITY (RANGE OF HOURS 6:00 AM to 10:00 PM):

List the times you are available for a day shift in the table below. An example has been provided.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START							
END							
<small>EXAMPLE</small>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START	9:00 AM	1:00 PM	OPEN	3:00 PM	OFF	OFF	6:00 AM
END	6:00 PM	10:00 PM	OPEN	10:00 PM	OFF	OFF	6:00 PM

OVERNIGHT SHIFT AVAILABILITY (10:00 PM to 6:00 AM):

Write “YES” or “NO” for your availability each day for overnight shifts. Mark the if you are able to work until 8:00 AM.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> Can stay to 8AM	<input type="checkbox"/> Can stay to 8AM	<input type="checkbox"/> Can stay to 8AM	<input type="checkbox"/> Can stay to 8AM	<input type="checkbox"/> Can stay to 8AM	<input type="checkbox"/> Can stay to 8AM	<input type="checkbox"/> Can stay to 8AM	<input type="checkbox"/> Can stay to 8AM

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(s):

Do you know anyone who is or has received services from CONNECTIONS FOR LIFE?

Yes No

If yes, state name(s) and relationship(s):

Why are you applying for work at CONNECTIONS 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 and drug screen 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:

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: _____

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

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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.