

Employment Application

Client Serving (if known): _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital or veteran status, the presence of a non-related medical condition or disability, or any other legally protected status.

PLEASE PRINT OR TYPE

Position(s) Applying for: _____ Date: _____

How did you learn of our agency?

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> SCI Employee, Who?: _____ |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Passed by | <input type="checkbox"/> Other: _____ |

Are you related to or know any staff member(s) of this company? _____ Who? _____

Applicant Information

Last Name	First Name	Middle Name		
Physical Street Address	Apt #	City	State	Zip
Mailing Address (if different from above)	Apt #	City	State	Zip
Cell Phone	Home Phone		E-mail Address	

Check Yes or No:

- | | |
|----------------|---|
| Yes ___ No ___ | Possess a CA Driver's License? If Yes, DL Number _____ Expiration Date: _____ |
| Yes ___ No ___ | I possess a reliable vehicle for transportation. |
| Yes ___ No ___ | I am at least 18 years old. |
| Yes ___ No ___ | Have you ever filed an application with us before? If yes, date: _____ |
| Yes ___ No ___ | Have you ever been employee with us before? If yes, date: _____ |
| Yes ___ No ___ | Are you prevented from lawfully becoming employed in the US because of VISA or Immigration Status? |
| Yes ___ No ___ | Are you on active duty with the military? |
| Yes ___ No ___ | Are you willing to travel within the greater Bay Area if the job requires it? |
| Yes ___ No ___ | Are you currently employed? |
| Yes ___ No ___ | May we contact your current employer? |
| Yes ___ No ___ | Are you able to perform the duties of the job for which you are applying for with or without accommodation? |

On what date(s) would you be available for work? _____

Are you available to work: _____ Full-Time _____ Part-Time (up to _____ hrs. /week)
 _____ Temporary _____ Seasonal _____ Permanent

EMPLOYMENT HISTORY

Employer	Dates Employed	Work Performed:
Job Title	From	
Street Address	To	
City State Zip		
Phone	Reason for Leaving	
Supervisor/Contact Person:		
<i>For office use only:</i> Date Verified _____ by _____ Title _____ Written Reference? _____		
Comments:		

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Job Title	From	
Street Address	To	
City State Zip		
Phone	Reason for Leaving	
Supervisor/Contact Person:		
<i>For office use only:</i> Date Verified _____ by _____ Title _____ Written Reference? _____		
Comments:		

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

If you are unable to provide any work references, please list three references who are not related to you and who are not currently or previously employed by Sonia Corina, (i.e. pastor, community organization leader, teacher, etc.) These individuals must be able to provide verbal and/or written references of your appropriateness for the job in which you are applying.

Name	Phone	Nature of Relationship
1.		
2.		
3.		

EDUCATION

Check the appropriate box if you possess one of the following:

_____ High School Diploma _____ G.E.D. Certificate _____ California High School Proficiency Certificate.

Name and Location of College/University/Graduate, Business/Trade School, Special Training	Course of Study/Major	Units Completed	Degree/Certificate	Date Awarded

I can speak, read, and/or write the following language(s) besides English: _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment, education, volunteer, personal and/or other experience.

CERTIFICATION OF APPLICANT (*Read Carefully*)

I hereby, certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from employment with Sonia .

Signature of Applicant

Date



PRE-EMPLOYMENT: DRUG/ALCOHOL SCREENING TESTS

I understand that if I receive an offer of employment with SONIA, INC. that it is contingent upon taking and passing a pre-employment drug/alcohol screening test. I understand that should the drug/alcohol screening test results indicate the presence of drugs and/or alcohol in my system that it may result in withdrawal of my offer of employment or termination of employment (if I have already been hired). _____ Initial

LIVE-SCAN BACKGROUND CHECK

1. Live-Scan Fingerprint Testing - It is the policy of SONIA, INC. to require job candidates considered for licensed/certified positions, as well as respite care & certain office positions take a DOJ Live-Scan test, even if the candidate has previously undergone the process through another employer. I fully understand that any state/federal crimes that are substantially related to the job qualifications/functions or job duties of the position I have applied for, may be grounds for withdrawal of my offer of employment or termination of employment (if I have already been hired). _____ Initial

EMPLOYMENT REFERENCE CHECKS

1. I hereby give my consent for SONIA, INC. to contact my previous employer(s) to request information related to my background, skills, work history, abilities and qualifications as it relates to the job I have applied for, that would otherwise be protected from disclosure by any constitutional, statutory or common law privilege. _____ Initial
2. I fully understand that the information received by SONIA, INC. will be handled in a confidential manner and will be used by SONIA, INC. in connection with my application for employment. _____ Initial

GENERAL EMPLOYMENT

- Accuracy of Information - I certify under penalty of perjury and in accordance with the laws of the State of CA, that all statements/data provided by me on this application for employment are accurate, true, and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or material omissions in any of this information shall be cause for SONIA, INC. to withdraw my application from further consideration of employment, or if I have already been hired, termination of my employment regardless of when the information is discovered by the Company. _____ Initial
- At-Will Employment - I understand and acknowledge that if I am hired, SONIA, INC. adheres to the policy of "employment-at-will," which provides express notice of California's statutory and common law presumption that my employment with the Company is "at-will" and may be terminated at any time by SONIA, INC. or by me, with or without cause, and with or without advance notice. In adhering to the "employment-at-will" policy, SONIA, INC. makes reasonable efforts to provide secure employment and rewarding careers for its employees, but makes no specific guarantee of length of employment or position advancement. _____ Initial



APPLICANT'S STATEMENT AND RELEASE OF INFORMATION

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT SONIA CORINA INC. WILL CONDUCT A CRIMINAL BACKGROUND CHECK USING MY NAME, BIRTH DATE, AND SOCIAL SECURITY NUMBER.

This application for employment shall be considered active for a period not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of SONIA, INC.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand and, also, that I am required to abide by all rules and regulations of the employer.

I hereby, authorize all my employers and/or schools (unless otherwise noted) to release any and all information concerning me, including information of a confidential or privileged nature. I hereby release any and all employers from any liability or damage which may result from furnishing the information requested.

Print Name

Signature

Date