

JonBec Care, Inc.
An Equal Opportunity Employer
Employment Application

Please Print

Date _____

Name: _____
(last) (first) (middle)

Home Telephone: (____) _____ Message/Cell Phone: (____) _____

E-Mail Address: _____

Present Address: _____
No. Street City State Zip

Permanent Address if different from present address:
_____ No. Street City State Zip

Employment Desired

Position applying for: _____

Are you applying for:
Regular full-time work? Yes _____ No _____
Regular part-time work? Yes _____ No _____
Temporary Work, e.g., summer or holiday work? Yes ___ No ___

What days are you available to work? _____
(All full-time positions require weekend shifts)

Check all shifts you are available:
 5:30am – 10:00am 3:30pm – 12:00am
 1:00pm – 9:00pm 12:00am – 8:00am

If applying for temporary work, during what period of time will you be available?
From _____

Are you available to work overtime, if necessary? Yes _____ No _____

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

Salary desired: _____

Personal Information

Have you ever applied to JonBec Care, Inc. before? Yes ___ No ___

If yes, when? _____

Have you ever worked for JonBec Care, Inc. before? Yes ___ No ___

If yes, when? _____

Do you have any friends or relatives working for JonBec Care, Inc.? Yes ___ No ___

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

How did you hear about JonBec Care, Inc.? _____

Why are you applying for work at JonBec Care, Inc.?

Are you at least 18 years of age? Yes ___ No ___

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 ___

Are you able to perform the essential functions of the job for which you are applying?
Yes ___ No ___

If no, please describe that functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes ___ No ___

If no, describe the function that you cannot perform: _____

(Note: Hire may be subject to passing a medical examination, and skill and agility test.)

Are you currently employed? Yes ___ No ___

If so, may we contact your current employer? Yes ___ No ___

Education, Training, and Experience

School	Name and Address	Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				
Health Care				

Many of our clients do not speak English. Do you speak, write, or understand any foreign languages? Yes _____ No _____

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at JonBec Care, Inc.? If so please explain:

Are you CPR/First Aid certified? Yes _____ No _____ Expiration Date: _____
All Direct Care Staff/CNAs/Nurses must have CPR/First Aid certification prior to being hired

If the position you are applying for requires a license/certificate do you have one?
 Yes _____ No _____

Name of license/certification _____

Issue state _____

License/certificate number _____

Has your license/certification ever been revoked or suspended? Yes ___ No ___

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

Employment History

List below present and past employment starting with your most recent employer (last 10 years is sufficient.) Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of employer _____

Address _____
No. Street City State Zip

Type of business _____

Telephone No. (____) _____ Your supervisor's name _____

Your position and duties _____

Date of employment: From _____ To _____

Hourly pay: Starting _____ Ending _____

Reason for leaving: _____

Name of employer _____

Address _____
No. Street City State Zip

Type of business _____

Telephone No. (____) _____ Your supervisor's name _____

Your position and duties _____

Date of employment: From _____ To _____

Hourly pay: Starting _____ Ending _____

Reason for leaving _____

Name of employer _____

Address _____
No. Street City State Zip

Type of business _____

Telephone No. (____) _____ Your supervisor's name _____

Your position and duties _____

Date of employment: From _____ To _____

Hourly pay: Starting _____ Ending _____

Reason for leaving _____

Name of employer _____

Address _____
No. Street City State Zip

Type of business _____

Telephone No. (____) _____ Your supervisor's name _____

Your position and duties _____

Date of employment: From _____ To _____

Hourly pay: Starting _____ Ending _____

Reason for leaving _____

Comments regarding lapses, if applicable:

NOTE: Attach additional page(s) if necessary

Military Service

Have you ever obtained any special skills or abilities as the result of service in the military? Yes _____ No _____

If so, describe: _____

References:

List below **three persons not related to you** who have knowledge of 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 Carefully, **Initial** each Paragraph and Sign Below

_____ I hereby state that the information given by me in this application is true in all respects. I agree that, if I am employed and the information is found to be false in any respect that I will be subject to dismissal without notice at any time. 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 the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize my former employer's and references listed to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby release the company, my former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, where during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interviews which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at anytime, with or without prior notice, at the opinion either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company's designated representative.

_____ I understand that fingerprinting for the purpose of criminal record clearance is a condition of employment, and is required.

_____ I understand that in the event of a natural disaster I will be expected to report to work for my next scheduled shift and to call the facility as soon as possible to determine if help is needed.

_____ I understand that JonBec Care, Inc. is an AT-WILL employer. I understand and agree that, if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility, will have the right to terminate the employment relationship at any time, with or without cause, and with or without

notice and that this relationship can only be modified in writing and signed by the Executive Director.

Date

Signature

First Name: _____ Middle Name: _____ Last Name: _____

1. Have you ever been convicted of a felony or misdemeanor?		___ Yes ___ No	
2. Have you been found guilty of abuse, neglect, or mistreatment or misappropriation (of money or property) to an adult or child?		___ Yes ___ No	
3. Have you ever been found guilty of worker's compensation or unemployment fraud by ant court or government agency?		___ Yes ___ No	
4. If you answered yes to questions 1-3, please complete the following for each offence.		___ Yes ___ No	
Offense/Crime	Conviction Court (City & State)	Conviction Date	Disposition Sentence
1 st			
2 nd			
3 rd			

Warning – Law Prohibits Employment as a Direct Care Staff for Individuals Convicted of Certain Serious Crimes – *you cannot be trained if you have been convicted of a violation or attempt listed in Section B (back page). Your background check will be checked by the government to verify that you have not been convicted of any of these prohibited crimes. There are several criminal convictions that disqualify you from employment in this facility.*

Section A – Prohibited Criminal Convictions – Check the correct box for each of the following Penal Codes.

Murder (Section 187)	Yes ___ No ___	Incest (Section 285)	Yes ___ No ___
Manslaughter – Voluntary (Section 192(a))	Yes ___ No ___	Sodomy (Section 286, Subdivisions c,d,f, & g)	Yes ___ No ___
Mayhem (Section 203)	Yes ___ No ___	Lewd or Lascivious Acts (Section 288)	Yes ___ No ___
Aggravated Mayhem (Section 205)	Yes ___ No ___	Oral Copulation (Section 288a, Subdivisions c,d,f & g)	Yes ___ No ___
Torture (Section 205)	Yes ___ No ___	Continuous Sexual Abuse of a Child (Section 288)	Yes ___ No ___
Kidnapping (Section 207)	Yes ___ No ___	Penetration of genital or anal openings by foreign or unknown objects (Section 289)	Yes ___ No ___
Kidnapping for ransom, reward, extortion, or to commit robbery or rape or during commission or carjacking (Sections 209 & 209.5)	Yes ___ No ___	Sex offense; fleeing from state with intent to avoid prosecution, custody or confinement (Section 289.5)	Yes ___ No ___
Extortion by posing as a kidnapper; false imprisonment for purpose of protection from arrest or use as shield (Sections 210 & 210.5)	Yes ___ No ___	Elder or dependant adults; infliction of pain or mental suffering or endangering health: theft or embezzlement of property (Section 386)	Yes ___ No ___
Carjacking (Section 215)	Yes ___ No ___	Arson of structure, forest land, or property; great bodily injury; inhabited structure, or property; owned property; aggravated arson (Section 451 & 451.5)	Yes ___ No ___

Robbery (Section 211)	Yes ___ No ___	Burglary	Yes ___ No ___
Assault with intent to commit mayhem, rape, sodomy, oral copulation, rape in concert with another lascivious acts upon a child, or penetration of genitals or anus with foreign objects; punishment (Section 220)	Yes ___ No ___	Forgery; signatures or seals; corruption of records (Section 475)	Yes ___ No ___
Administering stupefying drugs to assist in commission of felony (Section 222)	Yes ___ No ___	Forgery; possession or receipt of items; intent to defraud (Section 475)	Yes ___ No ___
Assault; Battery; sexual battery (Section 240, 242, & 243.4)	Yes ___ No ___	Larceny/Theft; diversion of funds received (Section 484 and 484d)	Yes ___ No ___
Assault with deadly weapon or force likely to produce great bodily injury (Section 245)	Yes ___ No ___	Access card or account information theft, fraudulent use, fraudulent use or publication counterfeiting, or forgery. (Section 484 d-j)	Yes ___ No ___
Rape (Section 261)	Yes ___ No ___	Theft by appropriation of lost property or others (Section 485)	Yes ___ No ___
Rape of spouse; rape or penetration of genital anal openings by foreign object (Section 262 or 264.1)	Yes ___ No ___	Grand theft; petty theft; receiving stolen property (Section 488, 487, 496)	Yes ___ No ___
Abduction for marriage or defilement; abduction of person under 18 for purpose of prostitution (Section 265 to 267)	Yes ___ No ___	Unauthorized access to computers, computer system, and computer data (Section 502)	Yes ___ No ___
Willful harm or injury to a child; endangering person or health (Section 273a)	Yes ___ No ___	Embezzlement; extortion (Section 503 & 518)	Yes ___ No ___
Coral punishment or injury of child (Section 273d)	Yes ___ No ___	Attempt or conspiracy to commit other identified crimes (Section 663 & 182)	Yes ___ No ___
Willful infection of corporal injury (Section 273.5)	Yes ___ No ___	Petit Theft; prior to conviction of certain offenses; punishment (Section 666)	Yes ___ No ___

Section B – Exception to criminal conviction prohibitions - Please check any of the following that apply:

I have a felony conviction for which I have obtained a certificate of rehabilitation under Chapter 3.5 (Commencing with Section 4852.01) of Title 6 part 3 of the Penal Code and the information or accusation against me has been dismissed pursuant to Section 1203.4 of the Penal Code.	Yes ___ No ___
I have a misdemeanor conviction for which the information or accusation against me has been dismissed pursuant to section 1203.4 or 1203.4a of the Penal Code	Yes ___ No ___

Section C – Verification of truthfulness – Please initial each box indicating you understand

I verify that under the penalty of perjury that all the answers I have given in this screening form and all other documents associated with my employment application are true and complete. I also verify that all information I give in my interviews are true,	
In the event of my employment, I understand that false or misleading information given on this screening form can result in immediate termination of such employment	
I also understand that as a condition of continued employment I will agree to submit to such lawful examination screenings (including medical, drug use, resident abuse, or any other.	
Finally, I understand that I am require to abide by all rules and practices as well as policies and procedures of any facility in which I may employed as well as all applicable state federal laws and regulations.	

Applicant's Signature

Date

To be completed by applicant:

Completion of this form is entirely voluntary, and all information remains confidential and will not affect your application for employment. We are required by law to collect this information for equal employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____ Sex: Male: ____ Female: ____

Race/Ethnicity: _____ American Indian / Alaskan Native
_____ Asian / Pacific Islander
_____ Black
_____ Hispanic
_____ White

Government contracts must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation, please check where applicable:

_____ Vietnam Era Veteran
_____ Disabled Veteran
_____ Individual with a disability

To be completed by the Employer:

EO-1 Category: _____ 1. Officials and managers
_____ 2. Professionals
_____ 3. Technicians
_____ 4. Sales
_____ 5. Office and clerical
_____ 6. Crafts-skill
_____ 7. Operatives-semi-skilled
_____ 8. Laborers-unskilled
_____ 9. Service workers

Employer information completed by:

Name: _____ Date: _____