East Bay Integrated Care, Inc.
APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or even veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____ Date of Application _____

How did you learn about us?

☐ Advertisement ☐ Friend ☐ Relative ☐ Employee of Our Agency_____

(Please put first and last name of employee)

☐ Other _____

Last Name	First Name	Middle Name	
Present Street Address	City	State	Zip
Telephone Number(s)	Cell or Message Phone Number(s)		

Best time to contact you at home is ……..…….. _____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? …….. _____ Yes _____ No

Do you have the legal right to work and be employed in the U.S.?…….. _____ Yes _____ No

(Proof of identity and legal authority to work in the U.S. is a condition of employment.)

Do you have a car available for work use? …….. _____ Yes _____ No

If Yes, can you provide a valid Driver's License and proof of current auto insurance?…….. _____ Yes _____ No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?…….……... _____ Yes _____ No

(Convictions for marijuana-related offenses that are more than two years old need not be listed).

(NOTE: A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If Yes, state nature of the crime(s), when and where convicted, and disposition of the case. _____

Have you ever filed an application with us before? If Yes, give date _____ ……..…….. _____ Yes _____ No

Have you ever been employed with us before? If Yes, give date _____ …….. _____ Yes _____ No

Do any of your friends or relatives work here or at Care at Home? …….. _____ Yes _____ No

If Yes, state name, relationship and location _____

Are you currently employed?…….…….. _____ Yes _____ No

May we contact your present employer?…….…….. _____ Yes _____ No

Have you ever been terminated from a position? ……..…….. _____ Yes _____ No

If Yes, please explain: _____

Date available to start working _____ Are you available to work _____ Full Time or _____ Part Time

Please list the hours that you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes _____No _____

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

EDUCATION

School	Name & Address of School	Course of Study	No. of Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION

Membership in professional or civic organizations:
Other special training or skills (languages, machine operation, etc.):
State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title			
Telephone Number(s)	Hourly Rate/Salary		Work Performed
	Starting	Final	
Supervisor			
Reason for Leaving			

PROFESSIONAL REFERENCES

Name	Phone Number(s)	Best Time to Call	Occupation

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 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 understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 that this *"at will"* employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, regardless of the time elapsed before the discovery. I understand, also, that I am requires to abide by all rules and regulations of the Employer.

Signature of Applicant _____ Date _____