



Inland Caregiver Resource Center

1430 E. Cooley Drive, Suite 124
Colton, CA 92324
(909) 514-1404 (800) 975-6694
Fax (909) 514-1613

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Please complete pages 1-5. Date _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip

How Long _____

Telephone (____) _____ Social Security Number _____ - _____ - _____

If under 18, please list age _____

Position applied for (1) _____ Days/Hours available to work
And salary desired (2) _____ No Pref _____ Thu _____
(Be specific) Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment Desired: Full Time Only _____ Part Time Only _____ Full or Part Time _____

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No _____ YES _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such conviction(s) was/were committed, sentence(s) imposed and type of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes _____ No _____

Driver's license number _____ State of issue _____ Expiration date _____

Operator _____ Commercial (CDL) _____ Chauffeur _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations in the past three years? _____ How many? _____

Typing: Yes _____ No _____ WPM _____

10-key: Yes _____ No _____

Word Processing: Yes _____ No _____ WPM _____

Personal Computer: Yes _____ No _____ PC _____ Mac _____

Other Skills: _____

Please provide two references from previous employment/professional relationships

Name _____

Position _____

Company _____

Address _____

Telephone (____) _____

Name _____

Position _____

Company _____

Address _____

Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes _____ No _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes _____ No _____

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give the firm name. **Attach additional sheets if necessary.**

Name of Employer _____
Address _____
City, State, Zip Code _____
Phone Number (____) _____

Name of last Supervisor _____
Employment dates _____
Your last job title _____

Reasons for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer _____
Address _____
City, State, Zip Code _____
Phone Number (____) _____

Name of last Supervisor _____
Employment dates _____
Your last job title _____

Reasons for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Reasons for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes _____ No _____

Did you complete this application yourself? Yes _____ No _____

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange of my job application by Inland Caregiver Resource Center (ICRC) I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other ICRC practices, shall serve to create an actual or implied contract of employment, or confer any right to remain an employee of ICRC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the authorized company representative. Both the undersigned and Inland Caregiver Resource Center may end the employment relationship at any time, without specified notice or reason. If employed, I understand that ICRC may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause of dismissal at any time without any previous notice. I hereby give ICRC permission to contact schools, previous employers (unless otherwise indicated), references, and others and hereby release ICRC from any liability as a result of such contract.

I also understand that (1) ICRC may require pre employment testing as well as testing after employment for illegal substances; (2) consent to and compliance with such testing is a condition of my employment; and (3) continued employment is based on the successful passing of testing if required. I further understand that continued employment may be based on the successful passing of job related physical examinations to establish ability to perform essential functions of the job.

I understand that, in connection with the routine processing of your employment application, ICRC may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, ICRC will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with Inland Caregiver Resource Center shall be probationary for a period of 90 days, and further that at any time during the probationary period or thereafter, my employment relation with ICRC is terminable at will for any reason by either party.

Signature of Applicant _____ Date _____

Inland Caregiver Resource Center is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with ICRC depends solely on your qualifications.

Thank you for completing this application form and for your interest in our agency.