



APPLICATION FOR EMPLOYMENT

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

Name: _____

Last

First

Middle

Phone Numbers: _____

Other contact numbers (e-mail, etc.): _____

Address: _____

Date of Application: _____

Position applied for: _____

Full time Part time

Date you can start: _____

Salary desired: _____

Employed now:

Yes No

May we contact your present employer:

Yes No

Have you ever been terminated:

Yes No

Have you ever applied at BI before:

Yes No

Have you ever worked for BI before:

Yes No

Are you currently employed by BI:

Yes No

Who referred you to BI: walk-in

employment agency

BI website

craigslist

friend/relative (please list name): _____

other _____

If employed, can you produce verification of your legal right to work in the United States? ____
(New employees are required to produce documents that verify their legal right to work in the United States and to declare under penalty of perjury that these documents are their own and genuine.)

EDUCATION: Name & Address of School Years Attended Diploma/Degree Course of Study

High School				
College				
Other (trade, business, etc.)				

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeships, skills or extra-curricular activities:

EMPLOYMENT EXPERIENCE:

Employer:	Dates employed From: To:	<u>Work performed</u>
Address	Salary Starting: Final:	
Telephone #		
Job Title:	Supervisor:	
Reason for leaving:		
Employer:	Dates employed From: To:	<u>Work performed</u>
Address	Salary Starting: Final:	
Telephone #		
Job Title:	Supervisor:	
Reason for leaving:		
Employer:	Dates employed From: To:	<u>Work performed</u>
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Reason for leaving:		
Employer:	Dates employed From: To:	<u>Work performed</u>
Address	Salary Starting: Final:	
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DRIVER'S LICENCE Number: _____ State of Issue _____

CRIMINAL RECORD STATEMENT: Have you ever been convicted of a felony or a misdemeanor? (Do not include any conviction under California Health & Safety Code Sections 11357(a) or (b), 11360(c), 11364, 11365 or 11550 related to marijuana dated more than two years ago, or any post-trial diversion program, or any legally expunged conviction.)

Yes No

Are you currently awaiting trial for any criminal offense? Yes No

Have you ever initiated an act of violence in your workplace? Yes No

A "yes" answer will not necessarily disqualify you. Please explain any "yes" answers fully so that individual circumstances can be considered. Use additional paper if needed.

AUTHORIZATION:

I certify that I am 18 years of age or older.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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

This application is just that – an application. It isn't an offer, promise or contract of employment whether expressed or implied. All Becoming Independent employees are "at will" employees, meaning that they can terminate their employment relationship with Becoming Independent at any time and for any reason, or no reason. Becoming Independent reserves the same right. Becoming Independent will not, and Becoming Independent employees should not, interpret any verbal or written statement, policies, practices, or procedures as altering their "at-will" status.

This authorization does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Please ensure you have answered every question on this application completely and accurately without concealing or omitting any information. If you do not, and you are hired, your failure to provide information could impact your employment.

Thank you for your interest in joining Becoming Independent.

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize Becoming Independent to contact _____
(printed name of applicant)

(name of reference)

(reference phone number)

to release any information regarding my past employment, education, or professional standing that might be necessary to determine my suitability for employment with Becoming Independent, Inc. If you have no work history and have not attended an educational institution, please include two personal references who are not related to you.

(signature)

(date)



FROM: Becoming Independent
1425 Corporate Center Parkway
Santa Rosa, CA 95407

PHONE: (707) 524-6600
FAX: (707) 527-1206

The individual named below has applied for a position with Becoming Independent, Inc. and has given your name as a previous employer, previously attended educational institution, or other professional reference. We would appreciate your assistance in providing the information indicated. Please sign and return in the enclosed envelope, or FAX to:

Attn: _____ Thank you for your assistance.

NAME OF APPLICANT: _____

POSITION APPLIED FOR: _____

EMPLOYMENT OR EDUCATION HISTORY

Has the applicant worked for you? Yes ___ No ___

Has the applicant attended school at your institution? Yes ___ No ___

If yes:

A) What were the dates of employment attendance? _____

B) What degree was awarded? (educational institution only) _____

C) What was the applicant's position? _____

D) If no longer working for you, would you rehire the applicant? Yes ___ No ___

If no, please explain: _____

Completed by: _____ Title: _____ Date: _____

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