

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:	Work Performed:
Address:	Salary Starting: Final:	
Telephone #:		
Job Title:	Supervisor:	
Reason for leaving:		

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Job Title:	Supervisor:	
Reason for leaving:		

DRIVER'S LICENSE 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 _____

Social Security Number _____ - ____ - _____

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: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

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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