



851 S. A Street
 Oxnard, CA 93030
 Tel. 805.385.7244
 Fax 805.385.7246
 Email: info@amongfriends.org

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name:		Date:
Address:	City:	Zip:
Cell Phone No (Incl Area Code):	Home Phone No (Incl Area Code):	
SSN:	Email:	
How did you learn of the position available? <input type="checkbox"/> Among Friends Website <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Cal Jobs <input type="checkbox"/> Craigslist <input type="checkbox"/> Other:		Were you referred to us by anyone? If so, Who?
Have you ever been convicted of a felony? <i>(A conviction will not automatically exclude an employee from consideration and a marijuana conviction that is more than 2 years old need not be revealed.)</i> If yes, state the nature of the crime, when and where convicted, and disposition of the case?		
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?		
If no, describe the functions that cannot be performed?		
Have you ever been involuntarily discharged from a position? If yes, explain	Are you legally eligible for employment in the U.S.A.?	

EMPLOYMENT DESIRED

Position Desired:	Available schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Available beginning:	Salary Desired:
Have you ever applied for our company before? If yes, when and for what position?	
Do you have any friends or relatives working for our company?	If yes, list name and relationship?

EDUCATION

SCHOOL	NAME & LOCATION	GRADUATED		MAJOR SUBJECTS
		Yes	No	
College/University				
College/University				
High School				
Vocational / Other (specify)				

OTHER INFORMATION

List your overall proficiency with computers and computer software using a (0-10) scale:	Typing Speed (WPM):
MS Excel Proficiency:	MS Word Proficiency:
MS PowerPoint Proficiency:	Other:
List any special skills that make you especially suited to work at our company (e.g. languages, technical skills, etc):	
Special training / Professional Organizations / Accreditation:	
List any volunteer activities / organizational involvement such as clubs, hobbies, activities (civil, athletic, etc.):	



EMPLOYMENT INFORMATION

Please include all employment information for the last 10 years beginning with most recent employer

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Specific Duties:	
Your Title:	Telephone:	Supervisor Name:
Reason for leaving:	Employment Start Date:	Employment End Date:

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Specific Duties:	
Your Title:	Telephone:	Supervisor Name:
Reason for leaving:	Employment Start Date:	Employment End Date:

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Specific Duties:	
Your Title:	Telephone:	Supervisor Name:
Reason for leaving:	Employment Start Date:	Employment End Date:

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Specific Duties:	
Your Title:	Telephone:	Supervisor Name:
Reason for leaving:	Employment Start Date:	Employment End Date:

UNEMPLOYMENT HISTORY

Please account for all times of unemployment during the last 10 years after completing school by listing, both the exact periods of time & the corresponding reasons for unemployment. Please do not include periods of unemployment of one month or less.



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PROFESSIONAL REFERENCES

List below (3) three persons not related to you from either a business or academic setting, who has knowledge of your prior performance abilities within the last 3 years

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER	YRS KNOWN

License Information

License / Certificate Name:	License / Cert #:	State Issued:
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If your license / certificate has ever lapsed, been revoked or suspended, please explain:

Attendance History

Is there any reason you would not be able to fully conform to all attendance requirements? Yes No

If yes, please explain:

IN CASE OF EMERGENCY, NOTIFY:

NAME RELATIONSHIP

ADDRESS CITY ZIP

PRIMARY PHONE SECONDARY PHONE

EMAIL:



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AMONG FRIENDS ADHC CONSENT AND RELEASE FORM

DRUG TESTING:

It is Among Friends ADHC Center's policy, consistent with Federal Regulations, to require pre-qualification through drug testing for employment in or transfer into a safety-sensitive position. Therefore, applicants and reassigned employees shall submit to a pre-employment drug test. An applicant will not be hired, nor will an employee be reassigned to a covered job function, until the company has been notified of a drug test result.

I understand and acknowledge that Among Friends ADHC Center's policy on drug/alcohol abuse requires that all applicants and/or employees will, or may be tested as required by the policy. I acknowledge that a confirmed positive test may cause me to be removed from the payroll and subject to discipline up to and including termination, or result in a recommendation to attend a rehabilitation program. I fully understand that if I should refuse to take the test, I could be suspended from my job without pay, or terminated for insubordination. I also understand that the test result will be kept in confidence and handled only by authorized management personnel.

BACKGROUND CHECKS:

AMONG FRIENDS IS CONCERNED ABOUT VIOLENCE IN THE WORKPLACE, FALSIFIED EMPLOYMENT APPLICATIONS, AND EMPLOYEE THEFT. WE WILL CONDUCT A FULL BACKGROUND CHECK ON ALL CANDIDATES FOR EMPLOYMENT. PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS AT WILL AND FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYEE & EMPLOYER, BE TERMINATED AT ANY PREVIOUS NOTICE.

APPLICANT SIGNATURE

DATE:

