



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

EMPLOYMENT APPLICATION

Please sign and date the application, and provide all information requested.

(WE ARE AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION				
Name:			Date:	
Address:		City:		Zip:
Cell Phone No (Incl Area Code):		Home Phone No (Incl Area Code):		
Email:		Were you referred to us by anyone? If so, Who?		
How did you learn of the position available? <input type="checkbox"/> Among Friends Website <input type="checkbox"/> Indeed <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Craigslist <input type="checkbox"/> Other:				
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?				
Have you ever been involuntarily discharged from a position? If yes, explain			Are you legally authorized to work in the U.S.A.?	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, please provide a copy of the work permit.				
EMPLOYMENT DESIRED				
Position Desired:		Available schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On – Call		Available beginning:
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? <input type="checkbox"/> No <input type="checkbox"/> Yes			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 any special skills that make you especially suited to work at our company (e.g. languages, technical skills, etc):				
Special training / Professional Certifications / Organizations / Accreditation:				
What machines or equipment can you operate that are related to the job for which you are applying?				
Why would you like to work for our company?				



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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, both the exact periods of time & the corresponding reasons for unemployment. Please do not include periods of unemployment of one month or less, and do not include periods when you were going to school full-time.



AMONG FRIENDS ADHC CONSENT AND RELEASE FORM

DRUG TESTING:

It is Among Friends ADHC Center's policy, consistent with Federal Regulations, to require drug testing for applicants applying or transferring into position as a bus driver. Applicants for this position 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 that the employee has passed the 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 may be tested as provided by the company's 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:

IT IS THE INTENTION OF THIS AGENCY TO PREVENT ENGAGING THE SERVICES OF INDIVIDUALS WHO HAVE A HISTORY OF SEXUAL ABUSE, MOLESTATION & MISCONDUCT. TO THIS EFFECT, ALL EFFORTS WILL BE MADE TO DISCOVER SUCH HISTORIES. SIGNED COMPLETION OF THIS APPLICATION GIVES THIS COMPANY PERMISSION TO CONDUCT BACKGROUND CHECKS. THE APPLICANT IS HEREBY NOTIFIED SUCH BACKGROUND CHECKS WILL BE VIGOROUSLY MADE.

BY SIGNING THIS APPLICATION, I HEREBY FURTHER AGREE AS FOLLOWS:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE, & AGREE TO HAVE ANY OF THE INFORMATION VERIFIED BY AMONG FRIENDS ADHC. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER, IF I AM HIRED, MY IMMEDIATE DISMISSAL FROM EMPLOYMENT.

I AUTHORIZE THE REFERENCES LISTED ABOVE, AS WELL AS ALL OTHER INDIVIDUALS WHOM AMONG FRIENDS ADHC CONTACTS, TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION THAT THEY MAY HAVE.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON PROOF OF IDENTITY, PROOF OF LEGAL AUTHORITY TO WORK IN THE UNITED STATES, AND SATISFACTORY COMPLETION OF MY BACKGROUND AND REFERENCE CHECK. (NOTE THAT CRIMINAL BACKGROUND CHECK CAN ONLY BE CONDUCTED AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN OFFERED)

APPLICANT SIGNATURE

DATE:

