

CALIFORNIA FAMILY LIFE CENTER (CFLC)
P.O. BOX 727 HEMET, CA 92546
(951)765-6955

DATE:_____

JOB APPLICATION (CCW—Valley Center)
(Form to be completed by employee)

NAME (LAST		FIRST	MIDDLE)	TELEPHONE ()
ADDRESS		CITY	ZIP	ARE YOU 18 YEARS OF AGE OR OLDER? ___ YES ___ NO IF NO, PLEASE STATE YOUR AGE; _____
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY) — —		DATE OF LAST PHYSICAL		DATE OF LAST TB TEST
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME: ___ YES ___ NO IF YES, PLEASE LIST ALL NAMES USED:				

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? ___ YES ___ NO		HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? ___ YES ___ NO	
CDL NUMBER		IF YES, PLEASE EXPLAIN ON BACK OF FORM	
NEAREST LIVING RELATIVE—NAME:		TELEPHONE NUMBER	RELATIONSHIP
ADDRESS			

PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is needed, attach separate sheet.)					
NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO

EDUCATION		
CIRCLE HIGHEST YEAR COMPLETED 6 7 8 9 10 11 12	DIPLOMA OR EQUIVALENT	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? ___ NO ___ YES IF YES, EXPECTED COMPLETION DATE _____

EMPLOYMENT — RELATED EDUCATION COURSES				
COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

EDUCATION (cont'd)

NAME OF UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. OF YEARS COMPLETED	NO. OF UNITS COMPLETED	DIPLOMA DEGREE OR CERTIFICATE	DATE COMPLETED

REFERENCES

List names of three persons who can give information about your background, character, abilities, and work performance. List at least one employer/co-worker.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU Friend, employer, community rep- resentative, etc. (NO RELATIVES)

PROFESSIONAL AND TECHNICAL QUALIFICATIONS

A. List Licenses or Certificates of Competence held:

B. Names of Professional Associations of which you are a member:

Please list any other experience, training, qualifications, or skills which you feel make you especially suited for this position:

Are you able to perform the essential functions of the job for which you are applying, as outlined on the job description, either with or without reasonable accommodation? ____Yes ____No If no, describe the functions that cannot be performed:

NOTES:

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verifications.

SIGNATURE OF APPLICANT:

DATE:

APPLICANT QUESTIONNAIRE

POSITION: CHILD CARE WORKER – VALLEY CENTER

SALARY RANGE: \$12.50 - \$14.00 / HOUR

Applicant Name: _____
(Please Print)

1. How did you hear about this position?
2. If hired, transportation of children in agency vehicles will be a routine duty. A DMV printout is required before hire. Do you have at least 3 years driving experience and are you at least 21 years old? Are there any tickets or accidents that will be on your record?
3. Before employment we must submit your fingerprints to the Department of Justice for a criminal history clearance. Have you had any arrests and/or convictions in the past?
4. All applicants are required to show proof of their level of education, with a high school diploma (or equivalent) as a minimum. Are you able to provide proof of your level of education?
5. What hobbies or interests do you have that you might like to share with or teach the youth if you become employed?
6. Why are you applying to work in residential treatment for at-risk youth?
7. We schedule staff around the clock, seven days a week. Are there certain days or hours you cannot work? If so, please list specific hours and days you are unavailable.

Applicant Signature: _____ Date: _____