

Central Valley Training Center, Inc.
7475 Murray Drive, Suite 21 Stockton, CA 95210
(209) 951-1671 Fax (209) 951-1673

Application for Employment

This Company is an equal opportunity employer. It considers applicants for all positions without regard to race, color, ancestry, sex, religion, national origin, age, pregnancy or any other characteristic protected by applicable state or federal civil rights laws.

Personal Information

Name: Last				First				Middle							
Present Address: Street				City				State				Zip			
Mailing Address: (if different from above)															
Home Telephone Number:						Cell Phone Number:									

Referral Source (i.e.: Job Journal, Newspaper, Cal Jobs, Internet)

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Employment Desired

Position:				Date you can Start:			
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No				If so, may we contact your current employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have the legal right to work in the U.S.? <i>(Proof of identity and legal authority to work in the U.S. is a condition of employment.)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least age 18? <i>(Proof of age and work permits may be required prior to hire.)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Education

Do you have a high school diploma or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Location of High School:			

College / University Education?

Name	Location	Units or Degree Completed

Employment / Work Experience

List all paid, unpaid or volunteer work experience. List most recent experience first.
If additional space is needed, attach a separate page.

Employer:	Supervisor:	From:	To:
Address:		Phone:()	
Position:		Salary:	
Describe your duties:			
Reason for leaving:			

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Address:		Phone:()	
Position:		Salary:	
Describe your duties:			
Reason for leaving:			

Please explain all periods of non-working status during the last five years:

Date From:	To:	Reason:

References

List at least three persons other than previous employers or relatives who can provide professional and/or character references.

Name:	Relationship:
Address:	Phone:

Name:	Relationship:
Address:	Phone:

Name:	Relationship:
Address:	Phone:

Other Information

- 1) Do you possess a valid California Drivers License? Yes No

License #:	Expiration date:
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- 2) Do you have automobile liability insurance, the minimum required by CA State law? Yes No

- 3) Please check the applicable statement:

If required by the job, I have an objection to travel (within a 50 mile radius). _____

If required by the job, I do not have any objection to travel (within a 50 mile radius). _____

- 4) Have you ever been convicted of a crime? Yes No

(With the exception of any minor traffic violations for which the fine was \$100.00 or less after 1984)

(Do not include any marijuana related convictions dated more than two (2) years ago)

If yes, state charge, court, date and disposition of case:

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(Note: A conviction is not an automatic bar to employment. Each case will be decided on its own merit.)

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I hereby authorize Central Valley Training Center, Inc. to make a thorough investigation on my entire work and personal history and verify all data given in my application for employment, related papers, or oral interviews unless I have indicated to the contrary. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I authorize Central Valley Training Center to verify all data required for employment during the course of my employment unless I have indicated to the contrary. I understand that any misrepresentation, falsification, or material omission of fact on this application may result in my failure to receive an offer or, if employed, in termination from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company, as amended from time to time in the Company's sole discretion.

I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company.

I understand that this is an application for employment and that no employment contract is being offered.

I also understand that all offers of employment are conditioned on the receipt of satisfactory responses to reference requests, the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S., and meeting the California Community Care and Licensing personnel standards.

Applicant's Signature

Date