

APPLICATION FOR EMPLOYMENT

OPARC
9029 Vernon Avenue
Montclair, CA 91763

(PLEASE PRINT)

Position(s) applied for _____ Date of application ____ / ____ / ____

Name _____ Social Security # _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Home Phone # (____) _____ Best time to call is _____ Message Phone (____) _____

In Case of
Emergency Notify _____
NAME ADDRESS PHONE NO.

How Did You Learn About Us?

- Advertisement Friend Walk-in
 Employee Relative Other _____

Name of source (if applicable) _____

If you are under 18 can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Are you currently employed? Yes No On what date would you be available for work _____

May we contact your present employer? Yes No If yes, work number (____) _____

Are you able to meet attendance requirements? Yes No

Have you had any convictions in the last (10) years? Yes No

If yes, please explain _____

Conviction will not necessarily disqualify an applicant from employment. As a Community Care Licensed Facility (California Code of Regulations, Title 22, Division 06, Section 80019, Adult Day Care) fingerprint clearance is required for employment. Clearance may be denied by the Department of Social Services if your record includes certain misdemeanor convictions. Exemptions may be considered through the Department of Social Services.

Note to Applicants: DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes No

Job Description for _____ was reviewed with applicant by: _____
POSITION INTERVIEWER

A description of the activities involved in such a job or occupation is attached and/or was reviewed with me on: _____ (date) Yes No

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin, gender, marital status, sexual orientation, or any other legally protected status.

Educational Background		Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Elementary School				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
High School			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Graduate School or Trade/Business School			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

Employment History Please give accurate, complete full-time and part-time employment record. Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.					
Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities	
	()	From	To		
Address, City, State, Zip					
Job Title	Immediate Supervisor and Title	Hourly Rate/Salary			
		Starting	Ending		
Reason For Leaving		\$	\$		
Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities	
	()	From	To		
Address, City, State, Zip					
Job Title	Immediate Supervisor and Title	Hourly Rate/Salary			
		Starting	Ending		
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	()	From	To		
Address, City, State, Zip					
Job Title	Immediate Supervisor and Title	Hourly Rate/Salary			
		Starting	Ending		
Reason For Leaving		\$	\$		
COMMENTS (Include explanation of any gaps in employment) _____					

Skills and Qualifications Describe any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

Specialized Skills/Knowledge

_____ Calculator _____ Typewriter _____ - words per minute _____ PC	_____ Excel _____ Access _____ Word _____ Other	Production/Machinery Operated: _____ _____ Other (list): _____ _____
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Additional Information Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status

List Professional, trade, business, or civic associations and any offices held. _____

List special accomplishments, publications, awards, extra-curricular activities and interests. _____

State any additional information you feel may be helpful to us in considering your application. _____

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" in what Branch? Type of Discharge?
Describe any training received relevant to the position for which you are applying.		

References: Provide the names of three persons not related to you, who you have known for at least two years.			
1. Name	Phone ()	Business/Relationship	Years
Address			
2. Name	Phone ()		
Address			
3. Name	Phone ()		
Address			

Applicant's Statement: The information provided in this Application for Employment is true, correct, and complete.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for immediate discharge from OPARC's service, whenever it is discovered. I understand that if I am employed, the terms and conditions of my employment will be governed by a Personnel Manual. I agree that OPARC has the legal right to modify the terms and conditions of employment unilaterally at any time.

I give OPARC the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability OPARC and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. If OPARC decides to engage an investigative consumer reporting agency to report on my credit and personal history I authorize it to do so. If a report is obtained OPARC must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand that OPARC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from OPARC and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. OPARC reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of OPARC, other than the President/CEO, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the President/CEO.

I understand that it is OPARC policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that I am required to abide by all OPARC rules and regulations. Any and all job offers made by OPARC are contingent on applicant passing a job-related physical examination, which includes a TB test and drug screen.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____ / ____ / ____

Oparc Pre-Employment Background Authorization

APPLICANT _____ (_____)
Last First Mid. (Maiden/AKA)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

S.S. # _____ DATE OF BIRTH: _____ D.L.# _____

PRESENT EMPLOYER (MAY WE CONTACT: YES___ NO___) _____ (_____)
CITY, STATE PHONE #

HIRE DATE _____ FINAL DATE _____ JOB TITLE _____ SALARY _____ SUPERVISOR _____

PREVIOUS EMPLOYER (MAY WE CONTACT: YES___ NO___) _____ (_____)
CITY, STATE PHONE #

HIRE DATE _____ FINAL DATE _____ JOB TITLE _____ SALARY _____ SUPERVISOR _____

PREVIOUS EMPLOYER (MAY WE CONTACT: YES___ NO___) _____ (_____)
CITY, STATE PHONE #

HIRE DATE _____ FINAL DATE _____ JOB TITLE _____ SALARY _____ SUPERVISOR _____

SCHOOL ATTENDED _____ (_____)
CITY, STATE PHONE #

STARTING DATE _____ FINAL DATE _____ MAJOR _____ DEGREE _____

SCHOOL ATTENDED _____ (_____)
CITY, STATE PHONE #

STARTING DATE _____ FINAL DATE _____ MAJOR _____ DEGREE _____

Professional License Type _____ LICENSE # _____ STATE ISSUED _____

I hereby authorize InfoCheck Inc. to perform a Background Investigation, which may include, but is not limited to criminal records check, credit report, DMV information, employment and academic verification. I understand that any misrepresentations of the information provided above are grounds for rejection of my application for employment.

Signature: _____ Date: _____
 If Applicable: Check here if you want a copy of your credit report.

Employer - Please Complete Information Below / Fax To: (800) 798-1189

Company: OPARC Account _____72015 Contact:: ___JAMES MOORE_909-985-3116

Search Area _____
(Criminal) City County (if known) State

STANDARD SEARCH OTHER _____