



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

NAME: Last		First	Middle Initial	TODAY'S DATE	
ADDRESS: Number	Street	City	State	Zip Code	
E-MAIL ADDRESS		TELEPHONE (with area code)		MESSAGE TELEPHONE	

Are you at least 18 years of age? *If under 18, hire is subject to verification that you are of minimum legal age.* Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If not, describe the functions that cannot be performed. Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

What position are you applying for: _____ Full-Time Part-Time On-Call

What days and hours are you available for work: _____

Are you available for work on weekends? Yes No If necessary, are you available to work overtime? Yes No

What are your salary requirements: _____ When are you available to begin work: _____

Have you ever applied or worked for Safety Center before? Yes No

Do you have any friends or relatives working for Safety Center? Yes No

If yes, please state the name(s): _____

EDUCATION

NAME AND LOCATION OF SCHOOLS	MAJOR FIELD OF STUDY	DEGREE/CERTIFICATE RECEIVED

REFERENCES List below three persons not related to you who have knowledge of your work performance within the last three years.

Name and Address	Email Address
Name and Address	Email Address
Name and Address	Email Address

EMPLOYMENT HISTORY List below all present and past employment starting with your most recent employer (last five years is sufficient.). You must complete this section even if attaching a resume.

Dates of Employment From: _____ To: _____	Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
Name of Employer	Your Supervisor's Name	
Address		
Describe your duties:		
Reason for leaving:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dates of Employment From: _____ To: _____	Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
Name of Employer	Your Supervisor's Name	
Address		
Describe your duties:		
Reason for leaving:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY (Continued)

Dates of Employment	Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
From: _____ To: _____		
Name of Employer	Your Supervisor's Name	
Address		
Describe your duties:		
Reason for leaving:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dates of Employment	Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
From: _____ To: _____		
Name of Employer	Your Supervisor's Name	
Address		
Describe your duties:		
Reason for leaving:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dates of Employment	Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
From: _____ To: _____		
Name of Employer	Your Supervisor's Name	
Address		
Describe your duties:		
Reason for leaving:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please read carefully, initial each paragraph and sign below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of any applicant's identity and legal authority to work in the United States.

_____ I hereby authorize Safety Center Incorporated to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Safety Center any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Safety Center, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create an employment contract between me and Safety Center. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without cause and with or without prior notice, at the option of either myself or Safety Center. All Safety Center employees are hired on the principle of "at will" employment. There are no expressed or implied agreements contrary to the employees' at will status which precede this document and/or which can be created hereafter. No company representative, other than the president has authority to enter into any employment agreement and no promises or representations contrary to the foregoing are binding on Safety Center unless made in writing and signed by me and Safety Center president/CEO.

_____ I understand the company has, or may choose to implement, a program of appropriate company-paid pre-employment physical examinations, including standardized drug screens.

_____ If I am applying for an alcohol/drug counselor position I understand that to be employed by Safety Center as an alcohol/drug counselor, and to maintain employment as a counselor with Safety Center, I must be registered or certified and maintain registration/certification with a State of California approval agency as required by Title 9 section 9846-B. If I allow my registration/certification to expire at any time during my employment, Safety Center is required to suspend my employment without pay until registration/certification is updated. I also understand that I will not be considered for employment as a counselor until I present the appropriate registration/certification to accompany this application.

_____ I understand and agree that, if the job I am applying for requires working with alcohol/drug clients, children, or handling money, Safety Center may conduct a criminal background check to determine if I have been convicted of crimes involving alcohol/drugs, children, or theft. Arrests NOT resulting in conviction will not be used in hiring, promotion, training, or termination decisions. Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Safety Center Incorporated I am entitled to copies of any such public records obtained by Safety Center Incorporated unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Further, I understand that in accordance with current Department of Homeland Security legislation, my employment will be terminated if, within 72 hours of beginning work, I do not furnish the required documentation to complete the employment eligibility verification document.

_____ Date

_____ Applicant's Signature

LAST NAME:	FIRST NAME:
POSITION APPLYING FOR:	APPLICATION DATE:

Equal Employment Opportunity Data

To be completed by applicant:

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Completion of this form is entirely **VOLUNTARY. YOU DO NOT HAVE TO PROVIDE THE INFORMATION BELOW.** All information will remain confidential and will not affect your application for employment or subject you to any adverse treatment. It will not become part of your personnel record if you are hired by this company and will only be used as required by law. When reported, data will not identify any specific individual.

Sex: Male Female Prefer not to answer

Race/Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Hispanic or Latino
- White (Not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander
- Two or More Races
- Prefer not to answer

Definitions below as provided by the federal Equal Employment Opportunity Commission:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African-American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.