



**Children's Home of Stockton**

Guiding Youth & Families

430 N. Pilgrim Street | Stockton, CA 95205

(209) 466-0853 | (209) 466-6808 Fax

www.chstockton.com

## Application for Employment

*Mission: To give at-risk youth an opportunity for a productive life through treatment and education in a safe, nurturing environment.*

APPLICANT INFORMATION									
Last Name:		First:		M.I.		Date			
Street Address:							Apartment/Unit		
City:				State			Zip		
Home Phone:				Cell Phone:					
Have you been known by any other name?				Email Address:					
Are you at least 21 years old?							Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you speak a second language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ethnicity?						
If so, please list.							Read <input type="checkbox"/>	Write <input type="checkbox"/>	
Children's Home of Stockton limits the employment of relatives. Are you related to any person presently employed at CHS?							Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If "Yes", name of employee.				Relationship?					
Have you ever worked/interned/volunteered for this agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a misdemeanor or felony?							Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, give details indicating the nature and circumstances of each crime including date and location of each crime.									

POSITION									
Position(s) applying for?					Are you seeking:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>		
How did you hear about this position?				Date available to start work?					
Are you able to perform the essential functions of the position of which you are applying?							Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, what accommodations could CHS make which would enable you to perform the essential job functions?									
The successful completion of a drug screen, pre-employment physical, and a background check with the Department of Justice is a condition of employment. Do you understand this condition?							Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If hired, can you furnish proof you are eligible to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Place of Birth						
CA Driver's License #:				Expiration Date:					
Auto Insurance Company:				Policy #:					

Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire is subject to passing a medical examination, skill and agility testing.

EDUCATION			
List name and location of schools	Major	Units Completed or Degree	Did you graduate?
High School or GED			
College or University			
Graduate Education			
Other Relevant Training			
License	Certification		
Computer software experience (types)			

EMPLOYMENT HISTORY				
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, may we contact your current employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you expect to engage in any other employment while employed at CHS?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.				
Have you even been involuntarily terminated from prior employment?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.				
List your present and past employment history <u>for the prior five years</u> , beginning with your current or most recent employment. <u>Include any periods of unemployment</u> . You may include volunteer activities if employment related.				
<b>Name of Employer:</b>		From:		To:
Address (with city/zip):		Phone:		
Reason for Leaving:		Hours per week:		
Direct supervisor's name and title:		May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Job Title & Job Duties:				
<b>Name of Employer:</b>		From:		To:
Address (with city/zip):		Phone:		
Reason for Leaving:		Hours per week:		
Direct supervisor's name and title:		May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Job Title & Job Duties:				
<b>Name of Employer:</b>		From:		To:
Address (with city/zip):		Phone:		
Reason for Leaving:		Hours per week:		
Direct supervisor's name and title:		May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Job Title & Job Duties:				
List any job-related professional, trade, business or civic activities, organizations and associations to which you belong. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, the existence of a disability or any other characteristics protected by law.)				
1.			2.	
3.			4.	

**REFERENCES**

Please provide the names and contact information of two supervisors and one other reference who are not related to you.

Name:			
Email Address:		Phone:	
How do you know this person?		Years Acquainted?	
Name:			
Email Address:		Phone:	
How do you know this person?		Years Acquainted?	
Name:			
Email Address:		Phone:	
How do you know this person?		Years Acquainted?	

**Why are you interested in working at the Children’s Home of Stockton?**

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**Diversity Statement**

As an equal opportunity employer with a diverse staff and student population, the Children’s Home of Stockton is committed to creating an inclusive working environment for all. Please describe how your experience and background have prepared you to contribute to this community and diversity.

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**Equal Opportunity Statement**

The Children’s Home of Stockton recruits, hires and promotes employees regardless of race, color, religion, national origin or ancestry, age, gender, sexual orientation, marital status, medical condition, ability or any other characteristic protected by applicable federal, state or local law. The Children’s Home of Stockton is an equal opportunity employer. The Children’s Home of Stockton strives to be culturally sensitive. The Children’s Home of Stockton responds respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes, affirms and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each person.

**At-Will Employment**

You are free to terminate your employment with the Children’s Home of Stockton at any time, with or without a reason, and the Children’s Home of Stockton has the right to terminate your employment or the employment of others at any time, with or without a reason. Although the Children’s Home of Stockton may choose to terminate employment for cause, it is not required. This is called “at-will employment.”

Some employees at the Children’s Home of Stockton are funded by a variety of grants, governmental programs and endowment sources. Continued employment is contingent upon continued receipt of those funds.

Conditional employment is contingent upon background check; finger printing; education verification and pre-employment physical and drug screen.

I certify that all information provided by me in this employment application is true and complete and that I have personally completed this application. I understand that any false information, misstatement of material fact, or omission may disqualify me from further consideration for employment and may result in my dismissal if I am employed, regardless of the time elapsed before discovery.

I authorize and agree to cooperate with the Children’s Home of Stockton in a thorough investigation of all statements made herein and other matters relating to my background, qualifications, and suitability for employment. I understand that any investigation conducted may include a request for employment and educational history, driving record and criminal history.

I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand I have the right to make a written request within a reasonable period of time for a complete disclosure of the nature and scope of the investigation.

I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I AGREE THAT, IF EMPLOYED, I WILL ABIDE BY ALL CHS POLICIES AND PROCEDURES.

I have read, understand, and by my signature, consent to the above statements.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Printed Name: \_\_\_\_\_