

EMPLOYMENT APPLICATION

North County Serenity House, Inc., is an Equal Employment Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, age, disability, veteran status, sexual orientation, citizenship or any other protected classification which may be applicable under federal, state or local law.

A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Please complete and sign your application form. Failure to complete and/or sign the application will result in the application not being checked or considered further.

PERSONAL INFORMATION			Date
First Name	Middle	Last	Prefix (Miss, Mrs, Mr, etc.)
Street Address			Home Phone
City	State	Zip Code	Cell Phone

Are you a graduate / alumni of NCSH?
 Yes No If yes, when did you graduate: _____

If hired, can you verify your right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? Please exclude any marijuana convictions more than two years prior to the date on this application, convictions for which the records were sealed, expunged, or erased, misdemeanor convictions, and summary offenses. (NOTE: A prior conviction will not necessarily disqualify you from employment). <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list nature of offense, dates of conviction, and dates of Incarceration:
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AVAILABILITY

Position for which you are applying:	Salary or wage desired:	Date available:
Days you can work, please check all that apply: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Weekends	Hours you can work, please check all that apply: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Graveyards	Type of work for which you are applying: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Substitute

Have you ever been previously employed by NCSH? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list site location, position and dates of service:	How did you hear about opportunities at NCSH? <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Job Fair <input type="checkbox"/> School/University <input type="checkbox"/> Internet website: _____
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SKILLS

Please select the skills you have had training and experience in

<input type="checkbox"/> Accounting <input type="checkbox"/> Administrative / Clerical <input type="checkbox"/> Call Center / Telephone <input type="checkbox"/> Computers <input type="checkbox"/> Computers <input type="checkbox"/> Counseling / Case Management <input type="checkbox"/> Culinary <input type="checkbox"/> Data Entry	<input type="checkbox"/> Event Planning <input type="checkbox"/> Facilities / Maintenance <input type="checkbox"/> Finance <input type="checkbox"/> Human Resources <input type="checkbox"/> Languages Spoken _____ <input type="checkbox"/> Legal <input type="checkbox"/> Medical	<input type="checkbox"/> Microsoft Office Programs _____ <input type="checkbox"/> Reception <input type="checkbox"/> Sales <input type="checkbox"/> Teaching <input type="checkbox"/> Technical - Electrical <input type="checkbox"/> Technical – Plumbing <input type="checkbox"/> Typing WPM _____
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PROFESSIONAL LICENSES / CERTIFICATIONS (LCSW, CAADAC, MFT, etc.)

Type and Number	State	Exp. Date
Type and Number	State	Exp. Date

EDUCATIONAL BACKGROUND

Please list last high school and all business, trade schools and colleges attended

Name and Location of School	Major/Minor	Degree	Cumulative Average

Extracurricular activities (include offices held, scholarships, awards, honors, sports, etc.) You are not required to list activities which may reveal your race, religion, sex or national origin.

MILITARY SERVICE AND AFFILIATIONS

If you have served in the military, please indicate which branch and indicate any experience that would qualify you for employment with NCSH. Please provide information about community activities, professional, trade or service organizations to which you belong, which you believe may demonstrate your job-related abilities.

EMPLOYMENT HISTORY

List each job held, beginning with the most recent employer. List all employment, including military service assignments and voluntary experience if you desire. If you need additional space, or if you wish to explain any circumstances of your departure from a previous employer, please attach a separate sheet.

NOTE REGARDING MILITARY SERVICE: A dishonorable discharge or an under other than honorable conditions discharge will not disqualify you from employment. Other factors will affect a final decision. Do not include information regarding service in the military of a foreign country. Do not include information regarding date or type of discharge.

Present/Last Employer	Address	From	To
Position Held	Supervisor's Name	Telephone	
Description of Duties and Accomplishments:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving			
First Previous Employer	Address	From	To
Position Held	Supervisor's Name	Telephone	
Description of Duties and Accomplishments:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving			

Next Previous Employer	Address	From	To
Position Held	Supervisor's Name	Telephone	
Description of Duties and Accomplishments:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving			

PERSONAL REFERENCES

Please list two professional or personal references (please do not include relatives)

Name/Occupation	Phone	Years Acquainted
Name/Occupation	Phone	Years Acquainted

EMERGENCY CONTACT INFORMATION

Name	Phone	Relationship
Name	Phone	Relationship

Important, please read the following statements carefully before signing.

I CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN IT AND I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR WILL RESULT IN REFUSAL TO HIRE OR, IF HIRED, WILL RESULT IN MY DISMISSAL AT ANY TIME REGARDLESS OF WHEN THE FALSE ANSWER OR OMISSIONS ARE DISCOVERED. **INITIAL:** _____

I UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO CREATE, NOR SHOULD IT BE CONSTRUED TO CREATE, AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. IT DOES NOT CREATE CONTRACTUAL OBLIGATIONS OF ANY KIND. IF HIRED, I WILL BE EMPLOYED AT WILL; I UNDERSTAND THAT THIS MEANS THAT EITHER I AM OR THE EMPLOYER IS FREE TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE OR PRIOR NOTICE. **INITIAL:** _____

I HEREBY AUTHORIZE THE INVESTIGATION OF ALL MATTERS CONTAINED IN THIS APPLICATION, INCLUDING A **CRIMINAL BACKGROUND CHECK**, AND HEREBY GIVE ANY PERSON OR ORGANIZATION WHOSE NAME I HAVE GIVEN AS A REFERENCE OR BY WHOM I HAVE BEEN PREVIOUSLY EMPLOYED, TO FURNISH NCSH OR ITS REPRESENTATIVES, ANY INFORMATION CONCERNING ME, WITH RESPECT TO MY QUALIFICATIONS AS AN EMPLOYEE. I HEREBY RELEASE ALL SUCH PERSONS AND ORGANIZATIONS FROM ANY CLAIMS FOR DAMAGES ARISING AS A RESULT OF THE GOOD FAITH DISCLOSURE OF SUCH RECORDS OR INFORMATION
Initial: _____

AS A CONDITION OF MY EMPLOYMENT, I HEREBY AGREE THAT IF I AM OFFERED EMPLOYMENT, I WILL SUBMIT TO A REQUIRED MEDICAL EVALUATION. I UNDERSTAND THAT ANY MEDICAL EVALUATION PROCEDURE IS CONSISTENT WITH THE COMPANY COMMITMENTS TO THE DISABLED AND CONSISTENT WITH THE AMERICANS WITH DISABILITIES ACT. I FURTHER UNDERSTAND THE FUNCTIONS OF THE POSITION OFFERED, WITH OR WITHOUT ANY REASONABLE CONSIDERATION. **INITIAL:** _____

I UNDERSTAND THAT NO REPRESENTATIVE OF NORTH COUNTY SERENITY HOUSE, INC., OTHER THAN THE EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR, IN ANY WAY, TO MODIFY THE AT-WILL NATURE OF THE EMPLOYMENT RELATIONSHIP. I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT, I MAY BE REQUIRED TO SIGN A NON-DISCLOSURE AGREEMENT, AS A CONDITION OF THE EMPLOYMENT. I FURTHER UNDERSTAND THAT, AT A MINIMUM, SUCH AGREEMENT WILL PROHIBIT THE USE AND DISCLOSURE BY ME OF CERTAIN CONFIDENTIAL INFORMATION THAT I HAVE ACQUIRED DURING MY EMPLOYMENT. **INITIAL:** _____

I certify by my signature that I have read and agree to all of the terms as stated above.

APPLICANT'S SIGNATURE

DATE