

APPLICATION FOR EMPLOYMENT and LIC 508 Criminal Clearance Form

Solano Diversified Services, Inc.

1761 Broadway, Suite 250

Vallejo, CA 94589

An Equal Opportunity Employer

Phone #: 707-552-9443

Fax: 707-552-9467

Website: www.sds-inc.org

The filing of this Application does not indicate that there are positions open and it in no way obligates Solano Diversified Services, Inc. ("Employer"). The information contained herein is the property of Employer.

IMPORTANT NOTICE: This is a very significant document. Be very careful as you complete it. Answer each item accurately and completely. Failure to do so may result in not being considered for the position or in termination, if inaccurate or omitted information is discovered after employment has begun. Please attach additional sheet(s), if space provided is insufficient.

Position Applying For: _____ Date: _____

Name: _____
Last Name First Name Middle Name

Address: _____
Number, Street City, State and Zip Code

Phone Number: Day Phone # () Evening Phone ()

Cell #: _____ Email: _____

REFERRED BY:

Newspaper (Please list which paper): _____

Employment Development Department: Vallejo Napa Fairfield/Vacaville: Other:

SDS Employee: _____ Friend: _____

Listing on Internet: Other: _____

As a condition of employment all applicants will be required to take a drug/alcohol screening, TB Test, and pre-employment physical along with being fingerprinted for criminal clearance.

Why are you applying for work at Solano Diversified Services: _____

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

If hired, can you present proof of your legal right to work in the United States? Yes No

Have you ever been employed by Solano Diversified Services before? Yes No

If so, where and when : _____

Is there any reason you may not be able to be at work on a regular basis or be to work on time? Yes No

When are you available? _____

Are you available for: Full-time Part-time Temporary
Days Evening Both:

Are you available to work flexible hours? Yes No If so, what hours are you available for? _____

What are your salary expectations? _____

Are you currently working? Yes No If yes, May we contact your current employer? Yes No

Solano Diversified Services, Inc. Application for Employment

Do you have any friends or relatives currently employed with Solano Diversified Services? Yes No
 If yes, who and what is the relationship?: _____

Have you ever been convicted of a felony?*: Yes No
 If yes, please explain (give dates of felony): _____

*** A "yes" answer does not eliminate you from consideration for employment. In answering this question, you may exclude (1) convictions where the record has been judicially ordered sealed or expunged; (2) misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; (3) referral to or participation in pretrial or post-trial diversion programs; and (4) misdemeanor convictions for marijuana/narcotics-related crimes that resulted in conviction more than two years ago.*

Are you able to travel if a job requires it? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Do you have a valid California Driver's License? Yes No

Do you have a good driving record (a good driving record is 2 points or less) Yes No

Do you have current auto insurance? Yes No

Do you speak or write any foreign languages? Yes No
 If so, what language(s) do you speak and/or write?: _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited to work at Solano Diversified Services? _____

If required, do you currently have a professional license for the position for which you are applying? Yes No
 If so, name of license: _____ Issue Date: _____ License Number: _____

Has your license ever been revoked or suspended? Yes No

Do you have current CPR and First Aid Certification? Yes No

(All direct service employees are required to have current CPR and First Aid Certification within 14 days from date of employment)

EDUCATION

SCHOOL	NAME & ADDRESS	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
<i>High School</i>				
<i>College/University</i>				
<i>Technical/Other</i>				

Solano Diversified Services, Inc. Application for Employment

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of employment. You must complete this section even if attaching a resume.

Name of Employer:		
Address:		
Type of Business:		
Telephone Number:	Supervisor's Name:	
Your Position & Duties:		
Dates of Employment (Month & Year)	From:	To:
Reason for Leaving:		

Name of Employer:		
Address:		
Type of Business:		
Telephone Number:	Supervisor's Name:	
Your Position & Duties:		
Dates of Employment (Month & Year)	From:	To:
Reason for Leaving:		

Name of Employer:		
Address:		
Type of Business:		
Telephone Number:	Supervisor's Name:	
Your Position & Duties:		
Dates of Employment (Month & Year)	From:	To:
Reason for Leaving:		

Name of Employer:		
Address:		
Type of Business:		
Telephone Number:	Supervisor's Name:	
Your Position & Duties:		
Dates of Employment (Month & Year)	From:	To:
Reason for Leaving:		

Name of Employer:		
Address:		
Type of Business:		
Telephone Number:	Supervisor's Name:	
Your Position & Duties:		
Dates of Employment (Month & Year)	From:	To:
Reason for Leaving:		

Solano Diversified Services, Inc. Application for Employment

Name of Employer:		
Address:		
Type of Business:		
Telephone Number:	Supervisor's Name:	
Your Position & Duties:		
Dates of Employment (Month & Year)	From:	To:
Reason for Leaving:		

MILITARY SERVICE

Have you obtained any special skills or abilities as a result of service in the United States Military? Yes: No:

If so, please describe: _____

APPLICANT'S STATEMENT

ACKNOWLEDGEMENTS	
Please read carefully and initial each item below:	
_____	I swear under penalty of perjury that all of the information provided by me for this job application is true. I further certify that I, the undersigned applicant, have personally completed this application. I hereby authorize investigation of all statements made by me in this application. I authorize the references listed above to provide the Employer any and all information concerning my employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Employer or its agents. I understand that any misrepresentation, falsification or material omission of information on this application, regardless of when it is discovered, may result in my failure to receive an offer or, if I am hired, termination of my employment.
_____	I understand that the ability to work overtime is a condition of employment. If I require an accommodation related to a religious practice, I will discuss it with my interviewer.
_____	I understand and agree that, if I am hired by Employer, our relationship will be for an unspecified term and it will be employment at-will. Consequently, the employment relationship can be terminated at will, by either the Employer or me, at any time either with or without cause or advance notice for any reason not prohibited by law. No one other than the President/CEO has the right or the authority to enter into any agreement for any different terms of employment. Any such agreement must be in writing, signed by the President/CEO.
_____	I understand that I may receive a conditional offer of employment which requires me to submit to a physical examination, drug screen and criminal clearance. I agree to submit to a physical examination by a licensed medical doctor selected by Employer. I understand that I may be tested for the presence of drugs and/or alcohol via urinalysis, and agree to submit a urine sample as part of this physical examination. The cost of said physical examination shall be paid by Employer. I understand that Employer's drug-free workplace policy also requires drug testing under certain limited circumstances as a condition of employment.
_____	I understand and agree that, if I am hired by Employer, any controversy or claim arising out of my employment with Employer which is not resolved informally shall be settled by mandatory binding arbitration in accordance with the Employment Dispute Resolution Rules of the American Arbitration Association. If hired, I agree to sign a written arbitration agreement consistent with the above.
_____	I understand that Employer does not discriminate against disabled applicants who are otherwise qualified to perform the essential functions of a particular position. If I am an individual with a disability and require a reasonable accommodation in order to perform the essential functions of a particular position, I will discuss it with my interviewer. In the event I request an accommodation, I may be asked to provide medical documentation of my disability that lists specific restrictions. We will then engage in an interactive process in which potential accommodations are proposed, discussed and evaluated. I understand that if the accommodation can be accomplished without creating an undue hardship, the Employer will be happy to cooperate in making this accommodation.
_____	I understand and agree that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview, regardless of when it is discovered, may result in termination of my employment.	
Signature	Date

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY/ORGANIZATION NAME		FACILITY/ORGANIZATION NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.