



InterOffice Memo

TO: Applicants for Employment

FROM: Laura Beck, Director of Human Resources

DATE: May 1, 2003

SUBJECT: CRIMINAL BACKGROUND CHECKS

Please read the following information carefully as it may affect your eligibility to work at AbilityFirst.

AbilityFirst obtains a criminal background check as a condition of employment. This background check is **required** for any of our locations which are licensed by the State of California Department of Social Services. As a matter of policy, due to the nature of our services, we obtain such a background check for all locations.

In accordance with the California Health and Safety Code, any individual who has been convicted of a crime, other than a minor traffic violation, including misdemeanors, felonies and convictions that occurred a long time ago, cannot work or be present in a community care facility unless a Criminal Record Exemption is requested and granted.

There are more than 50 crimes for which an exemption cannot be granted. The non-exemptible crimes include, but are not limited to:

Willful harm or injury to a child manslaughter	Murder, attempted murder, voluntary
Incest	Arson
Child sexual molestation	Mayhem
Sexual battery	Kidnapping
Rape	Torture
Crimes requiring registration as a sex offender	Robbery
Elder or dependent abuse	Carjacking

A person who wants an exemption must apply to the California Department of Social Services, Caregiver Background Check Bureau. The department's licensing agency evaluates each request very carefully before making an exemption decision. AbilityFirst does not have the authority to grant any exemptions.

You may find additional information about the Criminal Record Exemption Process on the State of California web site at <http://ccl.d.ca.gov/docs/exemption.htm>.

How did you hear about the position? (if from a print ad, please include name of publication)

List any relatives currently employed by AbilityFirst and their location of employment:

Indicate any reasonable job accommodation(s) that may need to be made to enable you to perform the duties of the job:

Have you ever been convicted of any crime other than a minor traffic violation? ___Yes ___No
If yes, please list date(s), court location(s) and detail(s):

EMPLOYMENT HISTORY

Please list your job history for the past ten years, starting with your present or most recent employment and noting any period in which you were not employed in the section marked "Additional Information".

<u>Present or Last Employer:</u>	<u>Employment Dates:</u>	<u>Starting Pay:</u>	<u>Your Title/Position:</u>	<u>Reason For Leaving:</u>
Street Address:	FROM:	\$ _____		
	-----/----- (month) (year)	per _____		
City: _____	TO:	<u>Ending Pay:</u>	<u>Name & Title of Last Supervisor:</u>	
State: _____		\$ _____		
Zip Code: _____				
Telephone Number:		per _____		
() -	-----/----- (month) (year)			

May we contact your present/last employer? _____ Yes _____ No

<u>Previous Employer:</u>	<u>Employment Dates:</u> FROM:	<u>Starting Pay:</u> \$ _____ per _____	<u>Your Title/Position:</u>	<u>Reason For Leaving:</u>
Street Address:	-----/----- (month) (year)			
City: _____ State: _____ Zip Code: _____	TO:	<u>Ending Pay:</u> \$ _____ per _____	<u>Name & Title of Last Supervisor:</u>	
Telephone Number: () -	-----/----- (month) (year)			
<u>Previous Employer:</u>	<u>Employment Dates:</u> FROM:	<u>Starting Pay:</u> \$ _____ per _____	<u>Your Title/Position:</u>	<u>Reason For Leaving:</u>
Street Address:	-----/----- (month) (year)			
City: _____ State: _____ Zip Code: _____	TO:	<u>Ending Pay:</u> \$ _____ per _____	<u>Name & Title of Last Supervisor:</u>	
Telephone Number: () -	-----/----- (month) (year)			
<u>Previous Employer:</u>	<u>Employment Dates:</u> FROM:	<u>Starting Pay:</u> \$ _____ per _____	<u>Your Title/Position:</u>	<u>Reason For Leaving:</u>
Street Address:	-----/----- (month) (year)			
City: _____ State: _____ Zip Code: _____	TO:	<u>Ending Pay:</u> \$ _____ per _____	<u>Name & Title of Last Supervisor:</u>	
Telephone Number: () -	-----/----- (month) (year)			

EDUCATION

School Name	Years Completed (circle one number)	Diploma/Degree Received	Major Course of Study	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate or Professional:	1 2 3 4			
Trade, Correspondence or Other:				

PROFESSIONAL LICENSURE, REGISTRY, AND/OR CERTIFICATION

(Please include any First Aid, CPR, Lifeguard or Water Safety Instructor Certifications)

License, Registry, or Certification type: _____

Issuing State or Organization: _____

Number: _____ Expiration Date: ____/____/____

If not currently registered, licensed, or certified, are you eligible? ___ Yes ___ No

When will you/did you sit for your examination? ____/____/____

SPECIAL SKILLS

Typing _____ W.P.M. Shorthand _____ W.P.M. Transcription: ___ Yes ___ No

Office Machines You Can Operate: _____

Word Processing Software You Can Proficiently Use: _____

Spreadsheet Software You Can Proficiently Use: _____

Other Software You Can Proficiently Use: _____

Other Special Skills: _____

APPLICANT'S CERTIFICATION & AGREEMENT

(Please read carefully before signing)

I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission on this application may result in my failure to receive an offer, or if I am hired, my dismissal from employment at any time thereafter. I authorize any of the persons or organizations referenced in this application to give AbilityFirst any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties and AbilityFirst from all liability for any damage that may result from furnishing such information. I authorize AbilityFirst to request and receive such information.

If employed, I understand that I will be an employee At-Will, and either AbilityFirst or I may terminate my employment relationship at any time, with or without cause, and with or without notice. I understand that no employee or representative of the company, other than its President, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President of the company may not alter the At-Will nature of the employment relationship or enter into any employment agreement for a specified time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully-binding integrated agreement with respect to the At-Will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I agree to comply with AbilityFirst's rules, regulations, and policies, and acknowledge that these rules, regulations, and policies may be changed, interpreted, withdrawn, or supplemented at any time, and without prior notice.

I acknowledge that any offer of employment, even after acceptance, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of AbilityFirst or myself.

Offers of employment are also conditioned on the satisfactory completion of a criminal background check, drug and alcohol screen and, where required, a post-offer medical examination.

Applicant's Name (printed): _____ **Date:** _____

Applicant's Signature: _____

ABILITYFIRST

APPLICANT CLASSIFICATION RECORD

EQUAL EMPLOYMENT OPPORTUNITY

Federal and state laws prohibit employment discrimination because of race, color, religion, sex, age, physical or mental disability, national origin, veteran status or sexual orientation. Employers are required to collect certain information from job applicants, although you are not required to provide it. This information is for statistical purposes only and will not be used in the employment selection process. This Applicant Classification Record will be retained separately from your employment application. To further ensure privacy of information, do not write your name on this form.

AbilityFirst believes in equal employment opportunity. Please help us meet our record-keeping requirement by providing the following information:

TODAY'S DATE: _____

POSITION DESIRED: _____ LOCATION: _____

1) APPLICANT'S SEX: _____ MALE _____ FEMALE

2) APPLICANT'S RACE:

_____ ASIAN/PACIFIC ISLANDER _____ AMERICAN INDIAN/ALASKAN NATIVE

_____ BLACK/AFRICAN-AMERICAN _____ HISPANIC _____

_____ WHITE/CAUCASIAN

3) ARE YOU A VIETNAM-ERA VETERAN? _____ YES _____ NO

4) DO YOU CONSIDER YOURSELF TO BE DISABLED? _____ YES _____ NO

5) ARE YOU 40 YEARS OF AGE OR OLDER? _____ YES _____ NO

ABILITYFIRST REPRESENTATIVE:

Separate this page from the Application upon receipt. Immediately forward this document to the Human Resources Department



AbilityFirst™

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Pasadena, California 91106
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www.abilityfirst.org

RELEASE FORM

I hereby authorize *AbilityFirst* or any qualified agent of *AbilityFirst*, bearing this document, or a copy thereof, to obtain information from any present or former employer, school, police or persons having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application for employment.

I hereby release those individuals or companies from any liability for damages of whatever kind or nature which may accrue to me on account of reliance by such persons on information submitted on my employment application, reliance by such persons on the information obtained, and termination of my employment based on information obtained after commencement of my employment.

Applicant's Name _____
(please print)

Applicant's Address _____

City, State, Zip _____

Social Security Number _____

Driver's License Number _____ State of Issuance _____

Other Names Known By:
(in the last seven years) _____

Applicant's Signature _____ Date _____

AbilityFirst Drug-Free Workplace Policy

AbilityFirst has the responsibility and legal obligation not only to its employees, but also to its participants and the general public to provide a safe, healthy and secure environment. To achieve this objective, AbilityFirst desires to prevent drug or alcohol abuse from adversely affecting the workplace.

During the pre-employment process, prospective employees will be given a drug-screening test to ensure they are free of drugs and alcohol. Offers of employment are contingent upon completion of this examination.

All staff members are expected to understand and comply with the following guidelines regarding the use of drugs or alcohol in the workplace. *AbilityFirst*:

- prohibits the unlawful use, possession, distribution, sale or manufacture of a controlled substance on our premises or any facilities where programs are conducted
- prohibits all staff members from being under the influence of drugs or alcohol while on the job. Exceptions for prescription medicines are made on a case-by-case basis.

If there is reasonable suspicion that an employee is under the influence of drugs or alcohol at work, or if the employee is involved in a work-related accident or injury, he or she may be referred to take a drug test. Refusal to take the test will be grounds for immediate dismissal.

Failure to follow *AbilityFirst's* drug-free workplace policy may result in disciplinary action including suspension without pay, mandatory participation in a drug or alcohol rehabilitation program on the first offense, or termination of employment.

Employees who are convicted of violating any criminal drug statute in the workplace are required to notify the Human Resources Manager within five calendar days of the conviction.