



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".

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

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

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

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

## 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: \_\_\_\_\_

## ADDITIONAL INFORMATION



**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™

Formerly: Crippled Children Society

2555 East Colorado Blvd., 2nd Floor

Pasadena, California 91107

Ph. (626) 396-1010 Fax (626) 396-10-1023

<http://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.