



APPLICATION FOR EMPLOYMENT

Position Applied For _____ Date _____

Name _____ Social Security No. _____

Street Address _____

City, State and Zip Code _____

Home Phone _____ Cell Phone _____

Email: _____

Available To Work:

Full Time _____ Part Time _____ Shift Work _____ Relief Work _____

Date Available to Work _____

If employed and you are under age 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been convicted of any crime? Yes No If yes, please explain:

Have you had any traffic violation for which the fine was \$50.00 or more or time in jail?
 Yes No If yes, please explain: _____

Referral Source:

Walk-in _____ Employment Agency _____ Craigslist _____ Indeed _____ Localwise _____

Referral by _____ College _____ Other _____

An Equal Opportunity Employer

100 Masonic Avenue San Francisco, CA 94118 T 415-567-8370 F
415-292-5531 TheEpiphanyCenter.org

EDUCATION

	Name of School	City & State	Dates	Major	Degree
High School/GED					
College or University					
Awards, Honors, Special Achievements					
Military Service					

Please check if you have one of the following:

Registration AOD Counselor Certification AOD Counselor Child Dev. Teacher Permit

Professional License:

Type	Number	State	Expiration Date

List any other skills, training and/or education which you have not mentioned above and which you believe are relevant to the position you are seeking:

Indicate what foreign languages, if any, you speak, read, and/or write:

Speak Fluently _____ Good _____ Fair _____

Read _____

Write _____

References: State name, address and telephone number of three professional references:

Name	Phone Number	Email

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

Employer:	Dates Employed: From To
Address:	Job Title:
Phone Number:	Work Performed:
Supervisor:	
Reason for Leaving:	
Employer:	Dates Employed: From To
Address:	Job Title:
Phone Number:	Work Performed:
Supervisor:	
Reason for Leaving:	
Employer:	Dates Employed: From To
Address:	Job Title:
Phone Number:	Work Performed:
Supervisor:	
Reason for Leaving:	
Employer:	Dates Employed: From To
Address:	Job Title:
Phone Number:	Work Performed:
Supervisor:	
Reason for Leaving:	

If you need additional space, please continue on a separate sheet of paper.
 Provide a brief outline of other employment or periods of unemployment of more than one month's duration.

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.

If you have any questions regarding these statements, please ask for clarification before signing.

The Agency is an equal opportunity employer and the Agency's hiring decisions are based upon the abilities and qualifications of applicants. The Agency's hiring and employment practices affirm its commitment to equal opportunity employment and comply with the Civil Rights Act and other applicable Federal and State Statutes prohibiting discrimination based on race, color, ancestry, national origin, religious creed, sex, physical handicap, medical condition (cured or rehabilitated as defined in Section 12926(F), Government code 12990), age (over 40 years), and marital status.

Epiphany Center, Mt. St. Joseph St. Elizabeth is an At-Will Employer. This means that regardless of any provision, either you or the Agency may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this employment application or in any document or statement, written or oral, shall limit the right to terminate.

1. I am aware that this application will only be kept on file for 24 months. Upon the expiration of 24 months, I know that I must reapply if I wish to continue being considered for employment.
2. I understand that the Agency has the right to contact State regulatory agencies regarding the status of any license(s) I possess, my competency and performance, and other information relevant thereto.
3. I further understand that the work schedules of this Agency as permitted by Fair Labor Standards Act use the 7-day work week as a basis for computing overtime, unless specific individual agreement provide otherwise. For eligible employee, time and one-half will be paid after 8 hours have been worked in any work day.
4. If I am offered employment I understand that I will be required to be fingerprinted prior to reporting for duty so that the Agency may receive a criminal record clearance from the California Department of Justice and/or Federal Bureau of Investigation.
5. If I am offered employment I understand that a physical examination relative to my ability to perform essential functions of my job must be taken and satisfactorily passed prior to reporting for duty.
6. The driving records of staff whose duties include transportation of residents shall be secured from the Department of Motor Vehicles (California Code, Title 22, Sec. 80315) and checked annually. All Agency employees who are required to drive must be insurable by the Agency's carrier.

COMPLETE AGREEMENT

1. I understand and agree to the statement printed above.
2. I understand that investigation of all statements contained in this application for employment will be necessary in arriving at an employment decision.
3. I certify that answers give herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Agency.
4. In consideration of my employment, I agree to conform to the rules and regulations of Epiphany Center, Mount St. Joseph-St. Elizabeth.
5. I understand that my employment and compensation can be terminated with or without cause, at any time, at the option of either the Agency or myself. I understand that no representative of Epiphany Center, Mount St. Joseph-St. Elizabeth, other than the Executive Director has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant

Date