



# Employment Application

An Equal Opportunity Employer

### Please Print

\_\_\_\_\_  
Date Last Name First Name Middle

### Present Address

\_\_\_\_\_  
No. & Street City State Zip Code

### Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street City State Zip Code

\_\_\_\_\_  
Business Phone Home Phone

### Employment Desired

Position applying for: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you applying for:

- Regular full-time work?.....  Yes  No
- Regular part-time work?.....  Yes  No
- On-call work?.....  Yes  No
- Temporary work?.....  Yes  No

Other than time off for reasons related to your religion, a disability or a medical condition, are there any days or times when you are unavailable to work?

\_\_\_\_\_

Do you have any planned vacation or time off within the next 6 months?

\_\_\_\_\_

Would you be available to work overtime, if necessary?.....  Yes  No

If hired, what date can you start work? \_\_\_\_\_

## Employment Application

---

How did you hear about our Agency and this job opening? Do you know anyone working at BRIDGES or were you referred by a BRIDGES employee? If you were referred, please let us know who referred you.

---

---

Have you ever applied to or worked for BRIDGES, Inc. before?  Yes  No

If yes, when? \_\_\_\_\_

Why are you applying for work at BRIDGES, Inc.?

---

---

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

Are you at least 21 years old?.....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

---

---

---

---

---

(Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety or morale, or if doing so could create conflicts of interest.

# Employment Application

---

## Education, Training, and Experience

| School                      | Name and Address | No. of Years Completed | Did you Graduate?  | Degree or Diploma |
|-----------------------------|------------------|------------------------|--|-------------------|
| <b>Health Care Training</b> | _____            | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____             |
|                             | Name             |                        |  |                   |
|                             | _____            |                        |  |                   |
|                             | Address          |                        |  |                   |
|                             | _____            |                        |  |                   |
|                             | City             | State                  | Zip Code   |                   |
| <b>Vocational/ Business</b> | _____            | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____             |
|                             | Name             |                        |  |                   |
|                             | _____            |                        |  |                   |
|                             | Address          |                        |  |                   |
|                             | _____            |                        |  |                   |
|                             | City             | State                  | Zip Code   |                   |
| <b>College/ University</b>  | _____            | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____             |
|                             | Name             |                        |  |                   |
|                             | _____            |                        |  |                   |
|                             | Address          |                        |  |                   |
|                             | _____            |                        |  |                   |
|                             | City             | State                  | Zip Code   |                   |
| <b>High School</b>          | _____            | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____             |
|                             | Name             |                        |  |                   |
|                             | _____            |                        |  |                   |
|                             | Address          |                        |  |                   |
|                             | _____            |                        |  |                   |
|                             | City             | State                  | Zip Code   |                   |

---

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at BRIDGES, Inc.? Are you fluent in any languages, other than English?  Yes  No

If so, please explain and/or list other languages that you speak, read, and/or write:

---

---

---

---

---

---

---

# Employment Application

---

**Answer the following questions ONLY if you are applying for a professional position, requiring certification, registration, or professional license:**

Are you licensed/certified for the job applied for?.....  Yes  No

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?.....  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

\_\_\_\_\_  
\_\_\_\_\_

## Employment History

List below all present and past employment starting with your most recent employer (last seven years is sufficient). You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

Current employer?.....  Yes  No

May we contact this employer for a reference?.....  Yes  No

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

# Employment Application

---

## Employment History, continued

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

---

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

---

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

---



# Employment Application

---

## Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize BRIDGES, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the Agency any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Agency, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Agency. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Agency, and that no promises or representations contrary to the foregoing are binding on the Agency unless made in writing and signed by me and the Agency's designated representative.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

**The Agency will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature