



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.

FOR OFFICE USE ONLY:

Referral Bonus: \$ _____

Paid To: _____
(Employee Name)

Date Hired: _____

HR Signature: _____

Employment Application

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
Health Care Training	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

	Address			

	City	State	Zip Code	
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

	Address			

	City	State	Zip Code	
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

	Address			

	City	State	Zip Code	
High School	_____	_____	<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

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

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