

# EMPLOYMENT APPLICATION

EPIPHANY CARE HOMES INC., 1331 DORIS AVE, OXNARD, CA 93030

(805) 485-8111/ FAX (805) 485-8170

Epiphany Care is an equal opportunity employer. We enthusiastically accept our responsibility to make employment decisions without regard to race, religious creed, color, age, sex, sexual orientation, national origin, religion, marital status, medical condition, disability, military service, pregnancy, childbirth and related medical conditions, or any other classification protected by federal, state, and local laws and ordinances.

Date: \_\_\_\_\_

Position Applied For:  Direct Care Staff;  \_\_\_\_\_

Name:	Contact Telephone:
Street:	City, State, Zip:
Social Security Number:	DOJ CRC Check:

How did you hear about the position with us? \_\_\_\_\_

Review the job description for the position for which you are applying.

Do you meet the qualifications and have the ability to perform this position? Yes  No

Do you have adequate means of transportation to get to work on time each day? Yes  No

Are you able to lift at least 45 pounds without pain or discomfort? Yes  No

Can you, if offered employment, submit proof of your legal right to work in the United States? Yes  No

Do you possess a valid Driver's License? Yes  No

If "No" to any, please explain: \_\_\_\_\_

Have you been convicted of or pled guilty to any criminal offense other than a minor traffic violation? Yes  No

Have you been released from confinement following a conviction for any criminal felony offense? Yes  No

Are you presently charged with any violations of law other than a minor traffic offense? Yes  No

If your response to any of the preceding three questions was "YES", give the date, place and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment; the nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement will all be considered.)

## HOURS AVAILABLE FOR WORK

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any

Date you can begin work, if offered a position: \_\_\_\_\_

Will you work overtime whenever scheduled or requested? Yes  No

Would you accept part-time work? Yes  No

Have you ever been previously employed by this company? Yes  No

If yes, give position and dates employed: \_\_\_\_\_

Have you ever been discharged from a job or asked to resign? If yes, explain: Yes  No

### EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. **NOTE: You must complete this section even if attaching a resume.**

Name of Employer:		Dates Employed From: _____ To: _____
Address (include City, State)		Telephone: _____
Job Title:	Name and Title of Supervisor:	
Brief Description of Job Duties:		
Reason for Leaving:		
FOR OFFICE USE ONLY: Ref Check Date: _____ Correct Info: _____ Job Perf: _____ Eligible for Rehire: _____ Attendance: _____ Ref Check By: _____		
Name of Employer:		Dates Employed From: _____ To: _____
Address (include City, State, Zip Code)		Telephone: _____
Job Title:	Name and Title of Supervisor:	
Brief Description of Job Duties:		
Reason for Leaving:		
FOR OFFICE USE ONLY: Ref Check Date: _____ Correct Info: _____ Job Perf: _____ Eligible for Rehire: _____ Attendance: _____ Ref Check By: _____		
Name of Employer:		Dates Employed From: _____ To: _____
Address (include City, State, Zip Code)		Telephone: _____
Job Title:	Name and Title of Supervisor:	
Brief Description of Job Duties:		
Reason for Leaving:		
FOR OFFICE USE ONLY: Ref Check Date: _____ Correct Info: _____ Job Perf: _____ Eligible for Rehire: _____ Attendance: _____ Ref Check By: _____		

### RECORD OF EDUCATION

Education	Highest Year Completed	Name Of School And Location	Major Subjects
High School			
College/University			
Special Schooling or Training			
Other			

**PROFESSIONAL LICENSES AND CERTIFICATIONS**

Type of License	State	Year of Issue	Date of Expiration	License Number

**PERSONAL REFERENCES**

Name	Phone Number	Relationship	How Long Known	Reference Check (Office use only)

FOR OFFICE USE ONLY:  
 Ref Check Date: \_\_\_\_\_ Ref Check By: \_\_\_\_\_

**AGREEMENTS**

I hereby state that the information given by me in this application is true in all respects. I agree that, if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ and any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Epiphany Care, my current and 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.

I understand and agree that, if I am offered employment by the company, my employment will be for no definite term and that either I, or the company, will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice and that this relationship can only be modified in writing and signed by the Executive Director.

I understand that the company reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the company. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, will result in a voluntary resignation of my employment.

I understand that fingerprinting for purposes of a criminal record clearance is a condition of employment, and is required.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Epiphany Care's auto insurance, if required for my position.

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 on this application or on any documents 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.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### EMPLOYMENT REFERENCE CHECK FORM

**I. To be filled out by Applicant:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby authorize you to issue any information you may have regarding my services and character while I was employed by you. I do hereby unconditionally release you and your organization from all liability for any damage whatsoever which might result from furnishing this information. I am waiving any rights I have to take legal action against you and I take full responsibility for authorizing this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Please send this reference check form to the following address:

Epiphany Care Homes Inc.  
1331 Doris Ave  
Oxnard, CA 93030  
(805) 485-8111 / fax (805) 485-8170

**II. To be filled out by Former/Present Employer**

Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Position held: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Eligible for rehire?  Yes;  No Comments: \_\_\_\_\_

Please check appropriate box:

JOB KNOWLEDGE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Lacking
JOB PERFORMANCE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Lacking
ATTENDANCE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Lacking
COOPERATION/ATTITUDE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Lacking

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Thank you for your time, effort, and timely response.

**An Equal Opportunity-Affirmative Action Employer**

Please help us comply with the State and Federal law by completing this form. While you are not required to complete this form, you should know that if you leave it blank, we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States Governments. **This information will be kept confidential and will not be used in any unlawful way to make any employment decision(s).**

Name:	Date of Birth (MM/DD/YY):
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Please answer below to the best of your ability. We understand that it may be difficult to choose a single ethnic identity if you have a multicultural heritage. Nevertheless, to comply with legal guidelines we would like you to choose only one.

Check appropriate box:

**I do not wish to participate.**

**Male**  **Female**  **Non-Binary**

**WHITE** (not of Hispanic origin): All persons not classified into one of the five specific ethnic minority categories that follow.

**BLACK** (not of Hispanic origin): All persons having origin in any of the black racial groups.

**HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

**ASIAN or PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. (For example, includes China, India, Japan, Korea, the Philippine Islands and Samoa.)

**AMERICAN INDIAN or ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

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**INDIVIDUAL WITH DISABILITY**: A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. If you fit this definition and your disability requires special interview arrangements, please contact the Human Resource Department before the interview date so that we can make reasonable accommodations.