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Visit us at: www.elnidofamilycenters.org

El Nido Family Centers Employment Application

Equal Opportunity Employer



Important: All questions need to be answered for your application to be considered.

Personal Information

Last Name:

First Name:

Middle Name:

Home Phone:

Cell Phone:

E-mail Address:

Present Address:

Age Verification

Are you 18 years or older?

(If under 18, hire is subject to verification that you are of minimum legal age).

Yes

No

Employment Desired

Employment Type

Are you seeking:

Full-time

Part-time

Temporary or summer
employment

Position Details

Position Applied for:

Salary/Pay Desired:

Availability

Date available to start:

Personal Information

How did you hear about our organization and this job opening?

El Nido Website Job Board (Specify): _____

Referral Individual (Specify): _____

Other (Specify):

Have you applied to our organization before? Yes No

When? _____

Have you ever worked for our organization before? Yes No

What Position? _____ Dates? _____

Do you have a relative (currently) working at our organization? Yes No

Relationship: _____ Name: _____ Department _____

Note: 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.

What interested you in the Organization?

Job Performance

Are you able to perform the essential job functions of the job to which you are applying, with or without accommodations?

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 take skill and agility tests.)

Transportation

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

Availability

If requested, are you available to work (check all that apply)?

Days Overtime
Evenings Weekends

Training and Experience

Type of Institution	Institution Name	Type of Diploma/ Degree Received	Course of Study or Major
High School	<hr/>	<hr/>	<hr/>
College/ University	<hr/>	<hr/>	<hr/>
Graduate/ Professional	<hr/>	<hr/>	<hr/>
Trade or Other	<hr/>	<hr/>	<hr/>

Special Skills and Qualifications

Please list languages in which you are fluent and any other experience, training, or qualifications you have:

Employment History

List below present and past employment starting with your most recent employer. (Last five years is sufficient). Note: you must complete this section even if attaching a resume

1. Most Recent Employer

Employer:	Type of business:	Telephone:
<div></div>	<div></div>	<div></div>
Address:		
<div></div>		
Start Date (MM/YY):	End Date (MM/YY):	Job Title:
<div></div>	<div></div>	<div></div>
Description of Your Duties:		
<div></div>		
<div></div>		
<div></div>		
<div></div>		

Is this your current Employer? Yes No

May we contact this employer for a reference?

Yes No

Supervisor's Name:

Supervisor's email:

Reason for Leaving:

2. Previous Employers

Employer:	Type of business:	Telephone:
<div></div>	<div></div>	<div></div>
Address:		
<div></div>		
Start Date (MM/YY):	End Date (MM/YY):	Job Title:
<div></div>	<div></div>	<div></div>

Previous Employment (Continued)

Description of your Duties:

May we contact this employer for a reference?

Yes No

Supervisor's Name: _____

Supervisor's email: _____

Reason for Leaving:

Employer:

Type of business:

Telephone:

Address:

Start Date (MM/YY):

End Date (MM/YY):

Job Title:

Description of Your Duties:

May we contact this employer for a reference?

Yes No

Supervisor's Name: _____

Supervisor's email: _____

Reason for Leaving:

Previous Employment (Continued)

Employer:	Type of business:	Telephone:
_____	_____	_____
Address:		

Start Date (MM/YY):	End Date (MM/YY):	Job Title:
_____	_____	_____
Description of Your Duties:		

May we contact this employer for a reference?

Yes

No

Supervisor's Name: _____

Supervisor's email: _____

Reason for Leaving:

Professional References

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

Name	Years of Acquaintance	Telephone Number	Email Address	Occupation
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Miscellaneous Information

Do you have any commitments to another entity, business or person that may affect your employment with El Nido Family Centers?

Yes

No

Explain Fully:

Criminal History Policy: An applicant's criminal conviction history will not be taken into consideration before making a conditional offer of employment. El Nido Family Centers may  inquire about and consider an applicant's conviction history after a conditional offer is extended, in accordance with State and Federal law regulations.



Application Validity: THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature:

Date:

Applicant's Statement and Agreement

Please read carefully, initial each paragraph and sign below

Initials: _____ I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by El Nido unless I have indicated to the contrary. I authorize my previous employers, the references listed above, as well as all other individuals whom El Nido contacts, to provide El Nido any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to El Nido as well as from the use or disclosure of such information by El Nido or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application and any other documents completed in connection with my employment, and in any interview may result in my failure to receive an offer or, if I am hired, my dismissal from employment without any notice.

Initials: _____ In the event of my employment to a position at El Nido Family Centers (El Nido), I will comply with all the rules and regulations of El Nido. I also understand that any offer of employment may be contingent upon the passing of a health examination when required. I consent to the disclosure of the results of any physical examination to El Nido. I also understand that the taking of drugs and alcohol tests or physical exams, when required pursuant to El Nido or program policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination.

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 El Nido. 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 El Nido, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Board President.

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

Signature:

Date: