



**Peninsula
Family Service**

APPLICATION FOR EMPLOYMENT

PENINSULA FAMILY SERVICE
24 Second Avenue
San Mateo, CA 94401
Telephone (650) 403-4300
Fax (650) 403-4303

PERSONAL INFORMATION	Last Name		First		Middle Initial	Today's Date	
	Present Street Address (Do not list P.O. Box)		City	State	County	Zip Code	Telephone No.
	Email Address				Cell Phone No.		
	Position Applying For				Are you legally authorized to work in the United States? <i>Proof of legal authority to work in the United States will be required upon employment.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Expected Rate of Pay		Full Time <input type="checkbox"/>	Available Start Date		Are you at least 18 years of age?	
	\$ _____ per _____		Part Time <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Temporary <input type="checkbox"/>				
		Other <input type="checkbox"/>					
Referred By: (Please check applicable box and specify if other source)							
<input type="checkbox"/> Agency			School, please specify _____				
<input type="checkbox"/> Internet Site, please specify _____			Newspaper, please specify _____				
<input type="checkbox"/> PFS Employee _____			Other, please specify _____				

EMPLOYMENT HISTORY

Do not use "see resume" in lieu of completing application form. Please complete all sections thoroughly. Start with most recent or present employer. Include part time and self-employment.

1	Employer	Employed		Earnings		Other Compensation
		From	To	Beginning	Ending	
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone No.	
2	Employer	Employed		Earnings		Other Compensation
		From	To	Beginning	Ending	
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone No.	
3	Employer	Employed		Earnings		Other Compensation
		From	To	Beginning	Ending	
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone No.	

Please explain periods of non-employment

EDUCATION		Name and Address of School or Program	Number of Years Completed	Major or Type of Coursework	Degree/Certificate	Did You Graduate?
	High School					
	Business/Technical					
	College/University					
	Graduate/Professional					
	Certifications					
	Permits					
	Other (Seminars, Adult Education, Correspondence Courses)					

CRIMINAL RECORD HISTORY

A CONVICTION MAY BE RELEVANT IF JOB-RELATED BUT DOES NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense and rehabilitation will be taken into account.

Instructions for answering the following question regarding your criminal record history:

Do not respond "yes" concerning the following: arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

Have you ever been convicted of a crime? Yes No

If yes, please explain:

DRIVING RECORD HISTORY

Do not complete this section if you are applying for a position where driving is not a requirement of the position.

If you are applying for a position where driving is a requirement of the position, please answer the following questions:

Do you have a valid driver's license? Yes No License # _____ Issuing State _____ Exp. Date _____

Within the past three years: How many moving violations have you had? _____ How many traffic accidents have you had? _____

Why are you seeking employment at this time?

In what computer software programs are you proficient?

What other experiences or skills do you feel may qualify you for a position with Peninsula Family Service?

Have you previously been employed by Peninsula Family Service? Yes No If yes, which location? _____

Position(s) held _____ Under what name? _____

From _____ To _____ Reason for Leaving _____

Are you subject to any employment agreement that could impact your ability to work for PFS? Yes No

If yes, please attach copy of the agreement(s).

Please indicate below the days and hours you are available to work:

Monday thru Friday: _____ To _____

Saturday and Sunday: _____ To _____

PROFESSIONAL REFERENCES

List three professional references (not relatives or friends) that are able to evaluate your professional knowledge and abilities.

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.

All persons shall have equal employment opportunities with Peninsula Family Service. (“PFS”) regardless of race, color, creed, religion, national origin, ancestry, sex, marital status, sexual orientation, disability, age and any other legally protected class and within the framework of federal law regarding age discrimination, employment of the handicapped and Vietnam era veterans. Employment shall be based solely on the Organization’s need and the individual’s qualifications.

I certify that I have completed this application and the statements I have made in this application are true and complete. I authorize investigation of all statements contained in this application which PFS may deem relevant to my employment and authorize my previous employers, personal references or other persons having information concerning my records or me to report such information to PFS. I hereby release PFS, my former employer, personal references or other persons who may provide information from any liability as a result of providing such information.

I understand and agree that if it is subsequently discovered that the information is untrue or that I have failed to disclose a material fact, any offer of employment made to me by PFS may be immediately withdrawn or if I am already employed by PFS, I may be subject to immediate dismissal at PFS’s option. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by PFS, other than for wages at the rate agreed upon for work I have actually performed for PFS.

If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the company. I am aware of and understand the physical requirements of the job and certify that I can and will perform these requirements in a safe manner, with or without accommodation.

In accordance with the Immigration and Control Act of 1986 PFS will only hire United States citizens and aliens lawfully authorized to work in the United States. I understand that I will be required to complete the designated employment eligibility verification I-9 Form as a condition of employment.

I understand that I may be required to undergo drug testing and/or a background check and that my employment is contingent upon these results. I will be advised if this is required and complete the necessary authorizations. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest, nor may PFS ask me if I have had records sealed or expunged.

I understand and agree that if I am employed as a result of this application, my employment will be at at-will, which I understand means that I will not be employed for any definite period of time and that my employment may be terminated at any time. At-will employment may only be modified by written agreement signed by an Officer of the Organization.

Signature: _____ Date: _____

Applicant: Please return this completed application to the Hiring Manager.

Hiring Manager: Please forward the completed original application to the Human Resource Department and retain a copy for your records.