

CREATIVE LIVING OPTIONS

2945 Ramco St. Suite 120
West Sacramento, CA 95691
(916) 372-2102 Fax (916) 372-2125

EMPLOYMENT APPLICATION

Today's Date _____ Position Applied for: _____

Name _____
(Last) (First) (Middle)

(State other names under which you have been educated or employed.) _____

PERSONAL DATA Address _____
(Number) (Street) (City) (State) (Zip)

Telephone _____ Cell Phone _____ Message Phone _____

Email _____

If you are under 18 years of age, can you produce a work permit if hired	Yes No	
Can you, after employment, submit verification of your legal right to work in the United States?	Yes No	
Have you worked for this company previously?	Yes No	If yes, give dates, position, department:
If accepted for the position for which you have applied, would you be in a supervisory, subordinate, or co-worker (i.e. within same department) relationship to any relative or member of your household? (Company policy may affect work assignment of related employees.)	Yes No	If yes, please specify:
Have you ever been convicted of a crime or a traffic violation other than minor parking tickets? Please include any convictions for a controlled substance, narcotic or drug offense.	Yes No	If yes, please explain:
<small>(Note Arrest or Convictions are not an automatic bar to employment. Each case will be considered on its own merits. Convictions for marijuana-related offenses that are more than two years old need not be listed.)</small>		
Are you able to perform the essential job functions of the position with or without a reasonable accommodation:	Yes No	If accommodation is needed, please explain:
Do you have a valid California driver's license?	Yes No	
Do you have a reliable vehicle?	Yes No	Do you have insurance for this vehicle? Yes No

EDUCATION

Circle highest grade completed: (Elementary) (High School) (College)
 1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4 5 6

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	# YRS. COMPLETED	COURSE OR MAJOR SUBJECTS	DEGREE OR DIPLOMA
High School				
College or University				
Other (Graduate, Military, Apprenticeship, Vocational)				

Are you registered or certified by any professional organization, or do you hold a professional or occupational license in the State of California? Yes
 No If "Yes", please specify _____

License or Certification # _____ Expiration Date _____ Type _____

Source of Referral: Self Newspaper School State Employment Office Community Agency
 Web Recruited by Creative Living Options Employee Referral – Who? _____ Other _____

Language ability – List those you could use in the position applied for: Language _____ Speak Read Write

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EMPLOYMENT HISTORY

Please list your work experience including military experience with your present or most recent experience first. You may use additional pages if necessary. A resume may be attached, but the entire application must be complete.

Name of Employer		What were your principal duties and title?	Started Work		Left Work	
Employer's Complete Address			Mo.	Yr.	Mo.	Yr.
Employer's City and State			Reason for Leaving:			
Telephone #			Your Supervisor			
Salary/Wage		May we Contact?				
		Yes				No
Name of Employer		What were your principal duties and title?	Started Work		Left Work	
Complete Address of Employer			Mo.	Yr.	Mo.	Yr.
Employer's City and State			Reason for Leaving:			
Telephone #			Your Supervisor			
Salary/Wage		May we Contact?				
		Yes				No
Name of Employer		What were your principal duties and title?	Started Work		Left Work	
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		Yes				No
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Employer's Complete Address			Mo.	Yr.	Mo.	Yr.
Employer's City and State			Reason for Leaving:			
Telephone #			Your Supervisor			
Salary/Wage		May we Contact?				
		Yes				No
Name of Employer		What were your principal duties and title?	Started Work		Left Work	
Employer's Complete Address			Mo.	Yr.	Mo.	Yr.
Employer's City and State			Reason for Leaving:			
Telephone #			Your Supervisor			
Salary/Wage		May we Contact?				
		Yes				No

In addition to the information already provided, list any volunteer activities, training, skills or other experience that you feel qualify you for the position for which you have applied: _____

I hereby certify that the information on this application is correct and complete to the best of my knowledge. I understand and agree that if I am employed, my employment is at will and 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 Creative Living Options (CLO), and that no promises or representations contrary to the foregoing are binding on CLO unless made in writing and signed by me and CLO's designated representative. I agree to have any of the statements checked by CLO unless I have indicated to the contrary and I further authorize former employers, schools and/or references to release information relating to my work experience. I agree to hold any or all of them blameless and free of any liability for releasing any such information. I understand and agree that, if offered a position, I will be required to take and pass a drug/alcohol screen before I will be allowed to commence work and for some positions a physical examination. Further, I understand that falsification, misrepresentation or omission of any material information on this application may be considered sufficient cause for immediate termination. I agree that, if employed, I will abide by and observe all policies, procedures, rules, and regulations established by CLO.

CLO may request consumer reports or investigative consumer reports in connection with your application for employment or during the course of your employment (if any), with the company. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee. Such reports, if obtained, will be prepared by a consumer reporting agency and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. The types of reports that may be requested, include, but are not limited to, credit reports, criminal records checks, court records checks, and/or summaries of educational and employment records and histories. The information contained in such reports may be obtained from public record sources or through personal interviews with your neighbors, friends, associates, current or former employers, or other personal acquaintances.

Signature of Applicant _____ Date: _____

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EEOC QUESTIONNAIRE

NAME (Not required) _____

POSITION _____ ZIP CODE: _____ DATE: _____

It is the policy of Creative Living Options (CLO) to provide equal opportunity in all decisions regarding terms and conditions of employment including recruitment, hiring, training, promotions, transfers, discipline, layoff, recall and termination without regard to race, color, religion, creed, age, sex, national origin, ancestry, disability, medical condition (including cancer-related), veteran status, childbirth or related medical condition, marital status, sexual orientation, or any other protected category as defined by law. We value the contributions that the diversity of interested job seekers bring to CLO.

To assist us in our Equal Employment Opportunity Program, and to help us comply with Federal and State recordkeeping reporting and other legal requirements, we request the following information. **Your submission of the information is OPTIONAL and VOLUNTARY and will not be used for employment decisions, or become a part of your applicant file. Refusal to provide this information will not subject you to any adverse treatment.** This information will be kept confidential and be used only in accordance with applicable regulations.

I prefer not to provide this information. **Sex :** _____ Male _____ Female

ETHNIC ORIGIN

- Hispanic or Latino** a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White** origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** origins in any of the Black racial groups of Africa.
- Asian** origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- Native American Indian or Alaskan Native** origins in any other original peoples of North American and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander** origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Multiple Ethnic** origins of any combination of the above indicated designations. Please indicate which designations are included.

VETERAN STATUS

- Vietnam Era Veteran** – Veterans who served active duty for a period of more than 180 days between August 5, 1964 and May 7, 1975, and were discharged or released from there with other than a dishonorable discharge, if any part of such active duty occurred (I) in the Republic of Vietnam between Feb. 28, 1961, and May 7, 1975; or (ii) between Aug. 5, 1964, and May 7, 1975, in all other cases; or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (I) in the Republic of Vietnam between Feb. 28, 1961, and May 7, 1975; or (ii) between Aug. 5, 1964 and May 7, 1975, in all other cases.
- Other Covered Veterans** – Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Referral Source: (circle)

Walk-in _____ Employee Referral _____ Newspaper Ad _____ Website _____ Other _____
Name Name Name Name