

APPLICATION FOR EMPLOYMENT and LIC 508 Criminal Clearance Form

Solano Diversified Services

1761 Broadway, Suite 250

Vallejo, CA 94589

An Equal Opportunity Employer

Phone #: 707-552-9443

Fax: 707-552-9467

Website: www.sds-inc.org

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Number, Street City, State and Zip Code

Phone Number: Day Phone # ( ) Evening Phone ( )

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

REFERRED BY:

Newspaper (Please list which paper): \_\_\_\_\_

Employment Development Department: Vallejo  Napa  Fairfield/Vacaville:  Other:

SDS Employee: \_\_\_\_\_ Friend: \_\_\_\_\_

Listing on Internet:  Other: \_\_\_\_\_

As a condition of employment all applicants will be required to take a drug/alcohol screening, TB Test, and pre-employment physical along with being fingerprinted for criminal clearance.

Why are you applying for work at Solano Diversified Services: \_\_\_\_\_

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes  No

If hired, can you present proof of your legal right to work in the United States? Yes  No

Have you ever been employed by Solano Diversified Services before: Yes  No

If so, where and when: \_\_\_\_\_

Is there any reason you may not be able to be at work on a regular basis or be to work on time? Yes  No

When are you available? \_\_\_\_\_

Are you available for: Full-time  Part-time  Temporary   
Days  Evening  Both:

Are you available to work flexible hours? Yes  No  If so, what hours are you available for: \_\_\_\_\_

Are you currently working: Yes  No  If yes, May we contact your current employer? Yes  No

Are you available to perform the essential functions of the job for which you are applying? Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

Do you have any friends or relatives currently employed with Solano Diversified Services? Yes  No

If yes, who and what is the relationship?: \_\_\_\_\_

Have you ever been convicted of a felony?: Yes  No

**Solano Diversified Services, Inc. Applicant for Employment**

If yes, please explain (give dates of felony): \_\_\_\_\_

Are you able to travel if a job requires it? Yes  No

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

Do you have a valid California Drivers License. Yes  No

Do you have a good driving record (a good driving record is 2 points or less) Yes  No

Do you have current auto insurance? Yes  No

Do you speak or write any foreign languages? Yes  No

If so, what language(s) do you speak and/or write?: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited to work at Solano Diversified Services? \_\_\_\_\_

If required, do you currently have a professional license for the position for which you are applying? Yes  No

If so, name of license: \_\_\_\_\_ Issue Date: \_\_\_\_\_ License Number: \_\_\_\_\_

Has your license ever been revoked or suspended? Yes  No

Do you have current CPR and First Aid Certification? Yes  No

*(All direct service employees are required to have current CPR and First Aid Certification within 14 days from date of employment)*

**EDUCATION**

SCHOOL	NAME & ADDRESS	YEARS COMPLETED	GRADUATED	DEGREE/DIPLOMA
<i>High School</i>				
<i>College/University</i>				
<i>Technical/Other</i>				

**EMPLOYMENT HISTORY**

*List below all present and past employment starting with your most recent employer. Account for all periods of employment. You must complete this section even if attaching a resume.*

Name of Employer:		
Address:		
Type of Business:		
Telephone Number:	Supervisor's Name:	
Your Position & Duties:		
Dates of Employment (Month & Year)	From:	To:
Rate of Pay: Hourly <input type="checkbox"/> Monthly: <input type="checkbox"/>	Starting	Ending:
Reason for Leaving:		

Name of Employer:		
Address:		
Type of Business:		
Telephone Number:	Supervisor's Name:	
Your Position & Duties:		

***Solano Diversified Services, Inc. Applicant for Employment***

Dates of Employment (Month & Year)	From:	To:
Rate of Pay: Hourly <input type="checkbox"/> Monthly: <input type="checkbox"/>	Starting	Ending:
Reason for Leaving:		

Name of Employer:		
Address:		
Type of Business:		
Telephone Number:	Supervisor's Name:	
Your Position & Duties:		
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Rate of Pay: Hourly <input type="checkbox"/> Monthly: <input type="checkbox"/>	Starting	Ending:
Reason for Leaving:		

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Rate of Pay: Hourly <input type="checkbox"/> Monthly: <input type="checkbox"/>	Starting	Ending:
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Rate of Pay: Hourly <input type="checkbox"/> Monthly: <input type="checkbox"/>	Starting	Ending:
Reason for Leaving:		

**MILITARY SERVICE**

Have you obtained any special skills or abilities as a result of service in the United States Military? Yes:  No:

If so, please describe: \_\_\_\_\_

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

Further, I understand that misrepresentation, falsification, or omission of any material information on this Employment Application may result in any failure to receive an offer or, if I am hired, I may be immediately terminated regardless of the time lapse before discovery.

I hereby authorize the Agency to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and further, authorize the employment references I have listed to disclose to the Agency any and all letters, reports, and other information related to my work records, without given me prior notice of such disclosure. In addition, I hereby release the agency, its agents, or representatives, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, damages, or liabilities arising out of or in any way related to such investigation or disclosure. I agree to have any of the statements checked by Solano Diversified Services unless I have indicated to the contrary.

This Application for Employment shall be considered active for a period of time not to exceed 30 days.

In consideration of my employment, I agree to conform to the rules and standards of Solano Diversified Services, Inc. and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either by my option or the Agency. I understand that no employee or representative of the Agency other than the President and CEO of the Agency has any authority to enter into any agreement for employment for any specified period of time, or to may any agreement contrary to the foregoing. Further, the President and CEO of the Agency may not alter the at will nature of the employment relationship unless he does so specifically in writing. I also understand and agree that all offers of employment are conditioned on the provision of passing a pre-employment physical examination, drug screen, criminal clearance, and also hereby consent to a random drug screen and a reasonable suspicion drug screen. Further, I also understand and agree that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

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*Signature of Applicant*

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*Date Signed*

# CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

**Have you ever been convicted of a crime in California ?** .....  YES  NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

**Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.?** .....  YES  NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.

<b>I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.</b>			
FACILITY/ORGANIZATION NAME		FACILITY/ORGANIZATION NUMBER	
YOUR NAME ( <i>PRINT CLEARLY</i> )	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER ( <i>SEE PRIVACY STATEMENT ON REVERSE SIDE</i> )	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

**I. Instructions to Respondents:**

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

*(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)*

What was the offense? \_\_\_\_\_

\_\_\_\_\_

In which state and city did you commit the offense? \_\_\_\_\_

\_\_\_\_\_

When did this occur? \_\_\_\_\_

\_\_\_\_\_

Tell us what happened. (Use additional sheets of paper if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**II. Instructions to Licensees:**

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**NOTE: IMPORTANT INFORMATION**

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.