



# Oceanview Adult Day Program

*"Living, Loving, Laughing & Learning"*

An Equal Opportunity Employer

Position Applied For: \_\_\_\_\_ Full Legal Name: \_\_\_\_\_

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

Phone Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_ CPR/FIRST AID Yes \_\_\_ No \_\_\_ Current \_\_\_ Expired \_\_\_

### Education

High School (highest year completed) 1 2 3 4 Year Graduated \_\_\_\_\_

College (highest year completed) 1 2 3 4 5 6 7 8 Year Graduated \_\_\_\_\_

\*If graduated (please fill-up below)

| Name of Institution | Degree Received | Major or Specialty | Minor | Dates Attended |
|---------------------|-----------------|--------------------|-------|----------------|
|                     |                 |                    |       |                |
|                     |                 |                    |       |                |
|                     |                 |                    |       |                |
|                     |                 |                    |       |                |

### Special Skills (please check)

other languages \_\_\_\_\_

Typing Speed \_\_\_\_\_

Excel \_\_\_\_\_

Photoshop \_\_\_\_\_

Internet \_\_\_\_\_

### Other Special Skills, Hobbies, Experience (please check)

CPI (Crisis Prevention) \_\_\_\_\_

Musical Instruments \_\_\_\_\_

Drama/Theatre \_\_\_\_\_

ADL's (clients) \_\_\_\_\_

Arts & Crafts \_\_\_\_\_

### License (to include driver's), certificates of other authorization to practice a trade or profession

| TYPE | LICENSE NUMBER | GRANTED BY |
|------|----------------|------------|
|      |                |            |
|      |                |            |
|      |                |            |
|      |                |            |

### FOR OFFICE USE ONLY

Applicant Hired \_\_\_\_\_ N/A \_\_\_\_\_

Date Employed \_\_\_\_\_ Department \_\_\_\_\_

Signature of Interviewing Official \_\_\_\_\_



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## Miscellaneous (Please Check)

- a) Which shift you will accept?    \_\_\_ Day \_\_\_ Evening \_\_\_ Rotating \_\_\_ Weekends
- b) Which job status you will accept?    \_\_\_ Full Time \_\_\_ Part-Time
- c) Which employment status you will accept?    \_\_\_ Salaried \_\_\_ Hourly
- d) Will you accept employment which requires travel:    \_\_\_ YES \_\_\_ NO
- e) List all geographic location where you are willing to work. If anywhere in California, write "All"

f) Are you willing to provide your own transportation if necessary for employment?    \_\_\_ YES \_\_\_ NO

## Employment History (List most recent or present employer/s first)

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Supervisor/Title \_\_\_\_\_  
 Duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (last) \_\_\_\_\_ **\*Optional** Reason for leaving: \_\_\_\_\_  
 Type of Employment [ ] Full Time  
   [ ] Part Time  
 Hours / Week \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Supervisor/Title \_\_\_\_\_  
 Duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
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   [ ] Part Time  
 Hours / Week \_\_\_\_\_



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## CERTIFICATION

I hereby certify under penalty of perjury that all the information I provided are true and complete. I agree and understand that any falsification of information herein, regardless of time and discovery, may cause forfeiture on my part of any employment .

I also understand that all information in this application is subject to verification and I consent to criminal history background checks. Likewise, I consent that you can contact my references, former employers, and educational institutions listed in connection with this application.

I further authorize **Oceanview Adult Day Program** to rely upon and use, as it sees fit, any information received from such contacts. Information contained in this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name



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 Photoshop \_\_\_\_\_  
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 Date Employed \_\_\_\_\_ Department \_\_\_\_\_  
 Signature of Interviewing Official \_\_\_\_\_