



INDEPENDENT COMMUNITY RESOURCES, INC.

P.O. Box 3899 San Dimas, CA 91773 (909) 599-3184; Fax (909) 599-8107

Application for Employment THIS IS A DRUG FREE WORKPLACE

This organization does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, disability, protected veteran's status, on the basis of age against persons who are forty years of age or over, or on the basis of any other legally impermissible reason.

PLEASE PRINT: All blanks must be completed; "see resume" is not permissible

Identification	Last Name:		First Name:		Middle Name:		Other Names Used		
	Preferred Name:		Current Street Address:			City:		State:	Zip Code:
	Phone Number:			Cell Number:		Email Address:		Social Security Number: - -	
	Have you resided at your current address for the past seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No						Date (MM/YY-MM/YY): _____		
	If not, list your addresses for the past seven (7) years.								
	Previous Home Address:		City:	State:	Zip:		County:	Date (MM/YY-MM/YY):	
	Previous Home Address:		City:	State:	Zip:		County:	Date (MM/YY-MM/YY):	
	How did you hear about our company?								
	Were you referred to this company, If so by Whom?								
	Have you ever worked for an affiliate of Independent Community Resources, Inc (ICR)? <input type="checkbox"/> Yes <input type="checkbox"/> No							If YES, list the name of the facility(s) and the dates of prior employment.	
	Do you have any relatives who currently work for an ICR affiliated company? <input type="checkbox"/> Yes <input type="checkbox"/> No							If YES, please identify them below:	
	Name of relative _____			Location _____			Current Role _____		
	Name of relative _____			Location _____			Current Role _____		
If hired, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No									

When are you available to work? Full Time Part Time Overnights Temporary

When are you available to start work? _____ Desired Starting Rate: _____

Hours Available

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Applicant Name: _____

Date: _____

Education

School	Name & Address	Number of Years Completed	Course of Study	Did you Graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Education				<input type="checkbox"/> Yes <input type="checkbox"/> No

Honors Received: _____
(State any additional information you feel may be helpful to us in considering your application.)

Work Experience - List Most Recent Job First

Please give accurate, complete, full-time and part-time record. Start with present or most recent employer. Include military experience if applicable

#1	Company Name:	Address:	Phone Number: ()
Job Title:		Supervisor's Name & Title:	Employed (MM/YYYY to MM/YYYY):
Description of Work:			
Reason for Leaving:			
May we contact this employer? If not, why?			<input type="checkbox"/> Yes <input type="checkbox"/> No

#2	Company Name:	Address:	Phone Number: ()
Job Title:		Supervisor's Name & Title:	Employed (MM/YYYY to MM/YYYY):
Description of Work:			
Reason for Leaving:			
May we contact this employer? If not, why?			<input type="checkbox"/> Yes <input type="checkbox"/> No

#3	Company Name:	Address:	Phone Number: ()
Job Title:		Supervisor's Name & Title:	Employed (MM/YYYY to MM/YYYY):
Description of Work:			
Reason for Leaving:			
May we contact this employer? If not, why?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Name: _____

Date: _____

#4	Company Name:	Address:	Phone Number: ()
Job Title:		Supervisor's Name & Title:	Employed (MM/YYYY to MM/YYYY):
Description of Work:			
Reason for Leaving:			
May we contact this employer? If not, why?			<input type="checkbox"/> Yes <input type="checkbox"/> No

#5	Company Name:	Address:	Phone Number: ()
Job Title:		Supervisor's Name & Title:	Employed (MM/YYYY to MM/YYYY):
Description of Work:			
Reason for Leaving:			
May we contact this employer? If not, why?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a veteran? Yes No

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

References

Give name, address and telephone numbers of at least three references who are not related to you and are not previous employers.

1. Name: _____ Telephone: _____ Years Acquainted: _____

Address: _____

2. Name: _____ Telephone: _____ Years Acquainted: _____

Address: _____

3. Name: _____ Telephone: _____ Years Acquainted: _____

Address: _____

4. Name: _____ Telephone: _____ Years Acquainted: _____

Address: _____

5. Name: _____ Telephone: _____ Years Acquainted: _____

Address: _____

Applicant Name: _____

Date: _____

Notice and Acknowledgement Concerning Drug-Testing Policy

This is to inform you that the Company will conduct testing where permitted to identify job applicants who may be using illegal drugs and current employees who may be under the influence of illegal drugs and/or alcohol in the workplace. You have the right to refuse to undergo testing. However, an applicant’s refusal to undergo testing will result in the termination of the pre-employment selection process, and an associate’s refusal to undergo testing will result in disciplinary action up to and including discharge. An applicant who fails a test will not be hired and an associate who fails a test will be subject to disciplinary action up to and including discharge.

Notice to Applicant

Our offer of employment is contingent upon your successful completion of a post offer pre-employment physical examination and post offer Drug Screen; you will also be required to take a TB test. This is required of our agency by Title 17 Non Residential Regulations. Upon a negative result (TB reading) and clearance to perform the essential job duties of the position, you would then be eligible for employment.

Independent Community Resources, Inc. will pay the charges for the screen and physical as long as the applicant goes to the medical clinic provided by the agency. If the applicant is hires and employment is terminated, for whatever reason, within the benefit eligibility period, the applicant will be responsible for re-payment of the cost of the physical and drug screen. This cost will be between \$39.00 and \$199.00. The amount will be deducted from the employee’s final paycheck.

Certification and Acknowledgement

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination. I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure. I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

Acknowledgement: I have read and understand the above written notice.

Printed Name

Signature

Date

Applicant Name: _____

Date: _____

Read Thoroughly Before Signing

I certify that all information contained in this Application for Employment is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I must renew my application to be considered for other job openings after 90 days. I understand that completion of this application does not constitute an offer or promise of employment. I authorize the Company to contact my References and understand that, as a condition of employment, the Company will require successful completion of a background check that complies with the Company’s pre-employment screening policies. I have or will be provided a Background Investigation Release form which contains a disclosure under the Fair Credit Reporting Act and Associate’s authorization and general release under FCRA which I have read/will read before signing.

I understand that the company, at its own expense, arranges for a surety bond for certain categories of associates. I understand that unless my background is acceptable to a surety company, it will be difficult to secure this bond and the Company may be unable to offer me employment in any position for which such a bond is required. In the event of my appointment to a position, I shall comply with all company policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the Company to withdraw an offer of employment and/or terminate my employment.

If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice.

Conditions of Employment

The following are conditions of employment for all positions at Independent Community Resources, Inc. and the employee is responsible for any cost incurred in meeting these conditions:

1. DMV Report – All applicants must have a good driving record to qualify for employment. Failure to demonstrate a good driving record will result in disqualification of employment with our company.
2. Driver’s License & Vehicle Insurance – Employees must provide a valid California Driver’s License and valid auto insurance. These items must be kept current and will be reviewed at their expiration dates.
3. First Aid and CPR – Certification must be valid prior to first day of work. Failure to obtain certification within 90-days of employment will result in termination of employment.
4. Fingerprints – Fingerprinting is required by the State of California.
5. Proof of Employment Eligibility (I-9) – The Department of Homeland Security requires that all employees submit proof of eligibility to work in the United States. A complete list of documents which may meet these requirements is on back of the I-9 Form.
6. Proof of High School Diploma and any advanced degrees or equivalent.
7. A valid Social Security Card.

I authorize Independent Community Resources, Inc. to use investigating consumer reporting agency to check my credit and personal history. At my request, the name of the reporting agency may be obtained so I may request the nature and substance of the information in the report.

I have read and understand the above written notices.

Printed Name

Signature

Date