



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 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 _____
 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 _____
 Reason for leaving: _____
 Type of Employment [] Full Time
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Employer _____ Job Title _____

Address: _____

Type of Business _____ Supervisor/Title _____

Duties _____

Start Date _____ End Date _____

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 _____

Reason for leaving: _____

Type of Employment [] Full Time _____

[] Part Time _____

Hours / Week _____

References (Includes Employment and Personal)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP

Desired Salary: _____



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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