



VILLA ESPERANZA SERVICES

Where Hope is Hard at Work for Individuals
with Intellectual/Developmental Disabilities

An Equal Opportunity Employer Application for Employment

Personal Information

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|-------------------------------------------------------------------------|-----------------------------------|-----------------|
| Name (Last Name, First) | | Other Last Names Used | | Social Security No. XXX – XX - | |
| Present Address | | Apt. No. | City | | State Zip |
| Permanent Address | | Apt. No. | City | | State Zip |
| Are you 18 years or older? Yes / No | | Phone Number | | Email Address | |
| Do you possess a valid Driver's License? Yes / No | | If yes, provide Driver's License # | | State | Expiration Date |
| Can you provide at least 3 years of verifiable driving history? Yes / No | | | | | |
| Do you have any relatives currently or formerly employed with Villa Esperanza Services? If so, please state name, department and nature of relationship: _____ _____ | | | | | |
| If hired, are you able to supply legal verification of your right to work in the United States? Yes No | | | | | |
| Position applying for | | | Date you can start | | Salary desired |
| Shifts/Schedule you can work: Full Time Part Time Days Evenings Nights Weekends | | | | | |
| Are you currently employed? Yes No | | | If yes, may we inquire of your present employer? Yes No | | |
| Have you ever applied for employment with Villa Esperanza Services before? Yes No | | | Where? | | When? |
| Have you ever worked for Villa Esperanza Services before? Yes No | | | Where? | | When? |
| Reason for leaving Villa Esperanza Services | | | | | |
| Name of last supervisor at Villa Esperanza Services | | | | | |
| Who referred you to this company? Employment Agency Newspaper Ad Villa Banner/Villa Vehicle Friend/employee; name: _____ State Employment Agency College Placement Service Walk-in Other – please explain: _____ | | | | | |

Education & Training

| School Level | Name and Location of School | No. of Years Attended | Did you Graduate? | Subjects Studied |
|-----------------------------------------------------------------------------|-----------------------------|-----------------------|-------------------|------------------|
| High School | | | Yes / No | |
| College | | | Yes / No | |
| Trade, Business or Correspondence School | | | Yes / No | |
| Subjects of special study or research work/Special Training/Special Skills: | | | | |
| | | | | |

Villa Esperanza Services is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available persons in every job. Agency policy prohibits unlawful discrimination based on race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, and any other consideration made unlawful by federal, state and/or local laws.

Former Employers - Please provide seven years of employment history starting with the most recent employer and explain any lapse of employment and provide feedback regarding your skill set experience.

| | | | |
|----------------------------------------------------|--------------|-------|--------------|
| Name of present or last Employer | | | |
| Address | | City | State / Zip |
| Starting Date | Leaving Date | | Job Title |
| May we contact your Supervisor? Yes / No | | | |
| Name of Supervisor | | Title | Phone Number |
| Description of Work | | | |
| | | | |
| Reason for Leaving | | | |

| | | | |
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| Address | | City | State / Zip |
| Starting Date | Leaving Date | | Job Title |
| May we contact your Supervisor? Yes / No | | | |
| Name of Supervisor | | Title | Phone Number |
| Description of Work | | | |
| | | | |
| Reason for Leaving | | | |

References

Below, give the names of three persons you are not related to, whom you have known at least one year.

| | Name | Phone Number | Business | No. of Years Acquainted |
|---|------|--------------|----------|-------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Unpaid Experience

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Have you obtained any special skills or abilities (relevant to the position for which you are applying) as a result of service in the military, volunteer assignment, etc.?</p> <p style="text-align: center;">Yes (if yes, describe below) No</p> |
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Villa Esperanza Services operates licensed facilities for Developmentally Disabled clients. State law requires that persons associated with licensed facilities be fingerprinted and disclose any convictions. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used by licensing entities to obtain information about your criminal history.

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Have you ever been convicted of any crime (felony or misdemeanor) OTHER THAN (1) a marijuana related conviction that occurred more than two years ago; (2) an offense for which you were referred to, and participated in, any pre-trial or post trial diversion program and (3) any criminal history, including arrests, detention, process, diversion, supervision, adjudication, or court disposition that occurred while you were subject to the process or jurisdiction of juvenile court law? Yes No</p> |
| <p>If yes, provide date of incident/conviction and details. (A conviction will not necessarily exclude you from consideration. Factors such as level, date, and job correlation will be considered.)</p> |
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Authorization

I certify that all the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application (and accompanying resume, if any) is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by Villa Esperanza Services. _____ (Initials)

I understand that any employment is contingent on a background check. I authorize Villa Esperanza Services to thoroughly investigate all statements contained in my application or resume, and I voluntarily and knowingly authorize my former/current employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release Villa Esperanza Services, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. _____ (Initials)

I understand and acknowledge that if I am offered employment with Villa Esperanza Services, my employment will be contingent upon satisfactory completion of a post-offer process which includes a live-scan (fingerprinting) process, background check, physical, and tuberculosis clearance. I further understand and acknowledge that failure to satisfactorily complete all levels of the post-offer process will cause any offer of employment to be rescinded. _____ (Initials)

I understand and acknowledge that if hired, my live-scan (fingerprinting) clearance from the Federal Bureau of Investigations (FBI) and Department of Justice (DOJ) must remain active and cleared at all times during my employment with Villa Esperanza Services and that my continued employment with the Agency is governed by such clearance. I further understand and acknowledge that if hired and if my live-scan (fingerprinting) clearance is compromised or revoked by the governing authorities, my employment status with Villa Esperanza Services will be jeopardized and I may be subject to disciplinary action up to and including termination of employment. _____ (Initials)

If hired, I agree to abide by all of Villa Esperanza Services work rules, policies and procedures. Villa Esperanza Services retains the right to revise its policies or procedures, in whole or in part, at any time. _____ (Initials)

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Villa Esperanza Services. _____ (Initials)

Date

Name

Signature

Acknowledgment Form
Live-scan/Fingerprinting Clearance

I understand and acknowledge that if I am offered employment with Villa Esperanza Services; my employment will be contingent upon satisfactory completion of a post-offer process which includes a live-scan (fingerprinting) process, background check, physical, and tuberculosis clearance. _____ (Initials)

I understand and acknowledge that failure to satisfactorily complete all levels of the post-offer process will cause any offer of employment to be rescinded. _____ (Initials)

I understand and acknowledge that my live-scan (fingerprinting) clearance from the Federal Bureau of Investigation (FBI), Department of Justice (DOJ) must remain active, cleared, and associated at all times with the required licensing entities (Department of Health (DOH), Department of Social Services (DPSS), Community Care Licensing (CCL), etc.) during my employment with Villa Esperanza Services and that my continued employment with the Agency is governed by such clearance. _____ (Initials)

I understand and acknowledge that if my live-scan (fingerprinting) clearance is compromised or revoked by the governing authorities, my employment status with Villa Esperanza Services will be jeopardized and I may be subject to disciplinary action up to and including termination of employment. _____ (Initials)

Furthermore, I understand that employment with Villa Esperanza Services is not for a specific term and is at the mutual consent of the employee and Villa Esperanza Services. Accordingly, either the employee or Villa Esperanza Services can terminate the employment relationship at-will, with or without cause, at any time. _____ (Initials)

Date

Name

Signature

**Villa Esperanza Services
Supplemental Employment Application Questions**

Name: _____ Date: _____

Briefly answer the following questions:

1. Have you ever worked with individuals with Developmental Disabilities?

- Yes**
- No**

a. **If yes**, describe the type(s) of disability (ies) and to what extent.

b. **If no**, describe the type of special training/skills that you possess for working with this population?

2. Do you possess a valid CA Driver's License?

- Yes**
- No**

3. Would you have any objections to changing diapers for adults, bathing adults and assisting adults with basic living skills?

4. What would you do if you were working with your assigned client and he or she begins to exhibit a behavior episode (hit/kick/bite you)?

5. When we speak with your former supervisor(s), what are some of the things that they will tell us about you?

All potential employees will be required to satisfactorily complete our post-offer process consisting of a TB, physical, and fingerprinting clearance.