



Proudly Serving Developmentally Disabled Persons in ELARC, KRC, LRC, NLACRC, SCLARC and SG/PRC

44859 10th St. W Lancaster, CA 93534

(661) 723-0288 Office (800) 919-3330 (661) 723-0217 Fax

Employment Application

Qualified applicants are considered for all positions without regard to race, religion, color, sex/gender (including pregnancy, childbirth, breastfeeding or related medical conditions), sex stereotype, gender identity/gender expression/transgender and sexual orientation, national origin, ancestry, physical or mental disability, medical condition, genetic information/characteristics, marital status/registered domestic partner status, age (40 and over), sexual orientation, military or veteran status and any other basis protected by federal, state or local law or ordinance or regulation. All questions must be answered and application signed. Any application that does not provide requested information will be automatically rejected.

PLEASE PRINT

Last Name First Name Middle Name

Address City State Zip

Home Phone Number Cell Phone

Date Available to Start: _____

Hourly Pay expected: _____

Referral Source: _____

Are you at least 18 years of age? Yes ☐ No ☐

Are you available for work? Full time _____ Part Time _____ Weekends _____

Do you have a valid State of California Drivers License? Yes ☐ No ☐

Do you have current proof of auto insurance showing you are a covered driver? Yes ☐ No ☐

If hired, do you have reliable means of transportation? Yes ☐ No ☐

Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without accommodations? Yes ☐ No ☐

If no, please describe any tasks you will need accommodations to perform, and explain what type of accommodations you will need:

Education

High School Name: _____ Location: _____

High School Graduate: Yes No GED

If not, years completed 9 10 11 12

College Name: _____ Location: _____

College Degree: Yes No If not, units completed: _____

Course of Study: _____

Describe seminar training, apprenticeships, skills and/or extracurricular activities you have, or have attended that are relevant to the position you are applying for:

Indicate languages other than English that you speak, read, and write:

FLUENT GOOD FAIR

SPEAK

READ

WRITE

State any additional information you feel may be helpful in considering your application:

Are you familiar with Regional Centers and their operations? Yes ☐ No ☐

Have you ever worked with individuals with a Developmental Disability? Yes ☐ No ☐

Number of Years? _____

Describe your experiences:

Do you possess a current First Aid / CPR certification? Yes ☐ No ☐ If yes, expiration date _____

Employment Desired

AST/ILS/Parenting Educator ☐ SLS Personal Service Attendant ☐

Are you presently employed? Yes ☐ No ☐

If yes, may we contact your current employer? Yes ☐ No ☐

Have you ever been employed by Future Transitions, Inc. before? Yes ☐ No ☐ If yes, when? _____

How were you referred to Future Transitions, Inc?

☐ Advertisement ☐ Employee Referral ☐ Walk In Employee Name / Other _____

US Military Service Data

Have you served in the US Military? Yes ☐ No ☐ If yes, which Branch? _____

Years of service? _____ Special training or skills _____

Employment Experience

Start with your present or last job and include employers within the past 10 years. Include military service and volunteer activities. Please explain periods of unemployment. (Please use back of page if additional space is needed).

Check box if additional employers are listed on the back of this page. ☐

Employer: _____
Address: _____
Phone Number: _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Work Performed: _____
Reason for leaving: _____

Employer: _____
Address: _____
Phone Number: _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Work Performed: _____
Reason for leaving: _____

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Employer: _____
Address: _____
Phone Number: _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Work Performed: _____
Reason for leaving: _____

Professional /Work References

List two past supervisors and two non-related persons who have knowledge of your qualifications for the position for which you are applying.

| Name | Title | Address | Phone # |
|------|-------|---------|---------|
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PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that Future Transitions, Inc. is not obligated to retain or consider this application for future openings. ☐ **Initial**

I authorize investigation of all statements in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize Future Transitions, Inc. to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from. ☐ **Initial**

If employed by Future Transitions, Inc., I will abide by all company policies and rules. I understand that I will be required to possess a current and valid California driver's license. I will also be required to provide a DMV printout and proof of auto insurance. ☐ **Initial**

I agree to submit to legally permissible drug and/or alcohol testing and Live Scan background checks upon request by Future Transitions, Inc. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by Future Transitions, Inc., storage areas provided for me (locker, desk, etc.) are open to investigation by Future Transitions, Inc. without prior notice to me. ☐ **Initial**

I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility. ☐ **Initial**

If I am employed by Future Transitions, Inc., I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of Future Transitions, Inc. or myself. I understand that, other than the Directors of Future Transitions, Inc., no manager, supervisor or representative of Future Transitions, Inc. has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the Directors of Future Transitions, Inc. have the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and Future Transitions, Inc. ☐ **Initial**

I agree that any claim or controversy arising out of either the failure to offer employment, or the termination of my employment, including any contention that such violated any contractual right, law or statute, or was otherwise wrongful or in violation of any implied term or covenant, including the covenant of good faith and fair dealing, shall be submitted to binding arbitration in accordance with the J-A-M-S/Endispute Arbitration Rules and Procedures for Employment Disputes, and judgement on the award rendered by the arbitrator may be entered in any court having jurisdiction. ☐ **Initial**

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. My signature below also certifies that I agree to be bound by the terms and conditions stated in this application, including the arbitration provision set forth above. This application contains all understandings and agreements between my and Future Transitions, Inc. concerning the nature of my employment, if any, by Future Transitions, Inc. and supercedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and Future Transitions, Inc.. I understand and agree, except as noted above, no person who is either an agent or employee of Future Transitions, Inc. may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

I understand, also, that I am required to abide by all rules and regulations of FUTURE TRANSITIONS, INC. and follow rules commonly known to be considered as "best practice" by others working with persons who are developmentally disabled.

Applicant Signature

Date