

Application for Employment at
INFANT/CHILD ENRICHMENT SERVICES, INC.

Name of Job Applicant _____

Date _____

NOTICES TO JOB APPLICANT – PLEASE READ CAREFULLY

EQUAL OPPORTUNITY. It is the policy of Infant/Child Enrichment Services (hereinafter, "Company") to make all employment decisions without regard or consideration for any person being, or perceived as being, a member of a "protected class," as defined by applicable federal, state, and local laws. The most common protected classes include the following: age (40 and above), ancestry, color, disability (physical and mental, including HIV and AIDS), genetic information, gender, gender identity, or gender expression, marital status, medical condition (genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin (includes language-use restrictions and possession of a driver's license issued under Vehicle Code 12081.9), race, religion or religious creed (includes religious dress and grooming practices), sex (includes pregnancy, childbirth, breastfeeding and/or related medical conditions), and sexual orientation. Except if there is a bona fide occupational qualification or a business necessity that is reasonably necessary to secure the safe and efficient operation of the business, equal employment opportunity will be extended to all persons in all aspects of the employment relationship, including recruitment, hiring, training, promotion, transfer, discipline, layoff, recall, and termination. The Company does not tolerate any illegal discrimination or harassment, whether verbal, physical or visual. If you believe that you have been treated unfairly or harassed in any way during this employment application process, please call (209) 533-0377 immediately. The Company prohibits retaliation by anyone against those who make a report of suspected unfair treatment or harassment. If you need a reasonable accommodation in order to complete this application or in any step of the interview process, please inform the Personnel Manager.

AT-WILL EMPLOYMENT. Employment at the Company is at the will of the Company and its employees. Employment can be terminated at any time for any legal reason with or without prior notice or cause. Only the President of the Company can enter into employment contracts on behalf of the Company that modify this "at-will" employment relationship, and those contracts must be in writing.

MISREPRESENTATIONS. The Company is relying on the information that you provide on this Application, in the documents you provide to the Company, and during any interview(s). You must complete the application fully to be considered for a job. If you knowingly make any misrepresentation or omission during the application process, your application and any job offers may be withdrawn; and, if the falsehood is not discovered until after you are employed, then your employment may be terminated for lack of honesty.

STALE APPLICATIONS. This application is only current for 120 days. If you are not hired within 120 days, a new application will have to be completed in order to be considered for employment.

AUTHORIZATION FOR RELEASE OF INFORMATION. For your application to be considered, you must sign the "Authorization for Release of Information and Waiver of Potential Claims" found at the end of this Application.

RIGHT TO WORK IN U.S. All job offers are conditional upon the job applicant providing proper proof of his or her right to work in the United States, and, if applicable, right to work as a minor.

DRIVER'S LICENSE AND DMV PRINT OUTS. If the job being applied for requires the driving of a vehicle on public roads, then all job offers are conditional upon the applicant showing proof of a valid California driver's license and providing a DMV printout showing authorization to drive and the ability to be insured by the Company's insurance at standard rates.

CONDITIONAL JOB OFFER. All job offers are conditioned upon the applicant remaining qualified, as determined by the Company, after answering the questions contained in the Conditional Job Offer regarding past job history and past criminal convictions, and after verification of reference checks, credentialing and licensing checks, and passing all pre-employment tests required by the Company. Employment will not be automatically denied for having a criminal conviction. All equal employment opportunity laws will be followed.]

HANDBOOK. All employees are subject to the policies contained in the Company's employee handbook. All job applicants may review a copy of the handbook if they ask to do so. The handbook is the property of the Company, and applicants may not take the handbook off Company premises.

SKILLS TEST AND JOB COMPATIBILITY SURVEY. All applicants for certain jobs will be tested for skills related to the job, such as typing, computer program knowledge, and writing ability. You will be informed if you need to take any of these tests.

Your application will not be accepted unless you indicate that you have read the above notices by signing here:

Applicant's Signature: _____

(Please Type or Print Clearly)

Contact Information

First Name	Middle Name	Last Name		
Street Address		City	State	Zip
Mailing Address (if different from above)		City	State	Zip
Home Phone:		Cell Phone:		

Position Desired and Past Contact with the Company

Specify the position you are applying for:
List the number of hours a week you would like to work:
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "no", can you provide proof of your legal authorization to work as a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for work with the Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", list location and date of application:
Have you ever worked for the Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", list location and dates of employment:
I.C.E.S. operates Monday through Friday between the hours of 8:30 a.m. and 5:00 p.m. Work schedules are subject to change and overtime may be required. Are you available to work during the hours described with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Accommodations will be provided if such is required to be offered by law and is not an undue burden to the Company.
When could you start work?
How did you learn about us? <input type="checkbox"/> Ad for Job <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Referred by:

Employment History – List your current and previous jobs for the past five years. Attach additional pages if more space is needed. You may attach a résumé, but the following still needs to be completed.

Employer's Name:	
Address:	City: State: Zip:
Telephone Number:	
Starting Date of Employment:	Ending Date of Employment:
Job Title:	Supervisor's Name:
Job Duties: _____ _____	
Describe any specialized training or skills you received at this job: _____ _____	
Reason employment ended (optional): _____	
Do you have any objection to our contacting your current employer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify when contact can be made):	
Please note: Any job offer made to you is contingent on our being allowed to contact your current and past employers.	

Employer's Name:	
Address:	City: State: Zip:
Telephone Number:	
Starting Date of Employment:	Ending Date of Employment:
Job Title:	Supervisor's Name:
Job Duties: _____ _____	
Describe any specialized training or skills you received at this job: _____ _____	
Reason employment ended (optional): _____	

Employer's Name:	
Address:	City: State: Zip:
Telephone Number:	
Starting Date of Employment:	Ending Date of Employment:
Job Title:	Supervisor's Name:
Job Duties: _____ _____	
Describe any specialized training or skills you received at this job: _____ _____	
Reason employment ended (optional): _____	

Explanation of Gaps in Employment – Explain any gaps in employment of over 90 days (optional):

_____ _____

Explanation of Terminations – If you have ever had your employment involuntarily terminated, or if you ever quit in lieu of being terminated, please explain (optional). Attach additional pages if more space is needed.

_____ _____

Education – List your education starting with high school. Use extra pages if there is additional education you would like to share.

Name of High School:	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If “no”, list the last grade you completed:	
If you did not graduate from high school, did you earn your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of School:	
Type of School: <input type="checkbox"/> Trade <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate	Location of School:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If “no”, list the last grade you completed:	
Describe Course of Study or Major:	

Name of School:	
Type of School: <input type="checkbox"/> Trade <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate	Location of School:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If “no”, list the last grade you completed:	
Describe Course of Study or Major:	

Honors and Awards – At your option, you may list any special honors, awards, or activities you participated in which you believe would be relevant to your qualifications for this job. *You do not have to include any information that would indicate your age, race, national origin, sexual orientation, disability, or other legally protected status.*

<hr/> <hr/> <hr/>

Special Skills and Qualifications – Provide any additional information, such as special skills and qualifications not already mentioned, that you feel is job related and may be helpful in considering your application.

<hr/> <hr/> <hr/>

Language Skills – This is optional. If you desire to let us know of your ability to interact with non-English speakers, please indicate any languages, other than English, that you can speak, read, and/or write.

LIST LANGUAGE	FLUENT	WELL	FAIR
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

Ability to Perform Job Functions – Answer this question only if a job description is attached.

<p>Can you perform the essential functions of the job with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain: _____</p> <hr/>
--

Relatives and Friends – The Company has a conflict of interest policy that prohibits an employee from supervising a relative, romantic partner, or roommate. Please list the name of any person working for us who is a relative, roommate, or person you are dating. No one will be disqualified solely for having relatives or friends working for us.

--

Prior Addresses – Please list your prior places of residence for the past five years.

Street	City	State
Street	City	State
Street	City	State

References – Please provide three references that can provide information about your work skills and work habits.

Name:	Phone Numbers
Address:	Work:
Place of Employment:	Home:
Current or Past Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify):	

Name:	Phone Numbers
Address:	Work:
Place of Employment:	Home:
Current or Past Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify):	

Name:	Phone Numbers
Address:	Work:
Place of Employment:	Home:
Current or Past Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify):	

APPLICANT'S SIGNATURE

I hereby state that I have personally completed this Application for Employment, and the information provided by me in this Application for Employment is true and accurate.

Applicant's Signature

Date

Print Name

Authorization for Release of Information and Waiver of Potential Claims

To Whom It May Concern:

I am applying for a job at Infant/Child Enrichment Services, Inc. (hereinafter, "the Company") located at 20993 Niagra River Drive, Sonora, California, and whose contact person is Program Manager at (209) 533-0377.

I hereby authorize the Company to contact the references, past employers, schools, and training institutions listed in my Application for Employment (and my résumé) or any other person or entity that may have information about my (1) prior employment, or (2) educational experiences, or (3) statements contained in my Application for Employment.

I hereby authorize any references, past employers, schools, and training institutions listed in my Application for Employment (and my résumé) to release to the Company all information about my (1) prior employment, or (2) educational experiences, or (3) statements contained in my Application for Employment (and my résumé). I hereby waive any potential claim that I may have against any references, past employers, schools, and training institutions listed in my Application for Employment (and my résumé), and their employees, officers, and directors, for providing information about me to the Company.

I hereby agree to waive any claim that I may have against the Company and its owners, directors, officers and employees and to defend and hold the Company and its owners, directors, officers and employees harmless from any and all claims I may have that may arise from the Company contacting any person or entity described in this release.

This Authorization for Release of Information is good for 120 days from the date written below. The waiver and indemnification provisions in this Authorization will survive the expiration of this Authorization.

A copy or facsimile of this Authorization may be treated and relied upon as if it were an original.

Applicant's Signature

Date

Print Name

APPLICANT DATA INFORMATION COLLECTION FORM

The information requested below is being collected pursuant to the California regulations found at 2 CCR 11013. Every employer with five or more employees must collect this information from job applicants if the job applicant voluntarily provides the information. The information is for record keeping purposes only. **YOU DO NOT HAVE TO PROVIDE THE INFORMATION BELOW.** Any information you provide will be separated from your job application and will have no bearing on our selection process. Infant/Child Enrichment Services is an equal opportunity employer.

Date: _____

Job Applying For: _____

Race (mark one)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Black |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Pacific Islander | |
| <input type="checkbox"/> Other (please specify): _____ | |

National Origin (please specify): _____

Sex: Male Female