



# OPENDOOR SERVICES, INC.

**Day Program/Supported Living Services**  
 1100 Kansas Ave., Suites E-H  
 Modesto, CA 95351  
 209.576.1918  
 Fax: 209.576.7989

**Day Program/Supported Living Services**  
 4045 Coronado Ave.  
 Stockton, CA 95204  
 209.475.1529  
 Fax: 209.475.1539

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Position(s) you applying for: \_\_\_\_\_ Date you can start: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name	First Name:	Middle Initial:	Other Names Used:

Present Address:

City:	State:	Zip Code:

Mailing Address:

City:	State:	Zip Code:

Home Phone:	Alternate Phone Number:

Social Security Number:	Driver's License Number / Expiration Date:

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?  Yes  No

If necessary, please describe what type(s) of reasonable accommodations are needed:

Do you have the legal right to work and be employed in the United States? (proof of identity and legal authority to work in the U.S. is a condition of employment.  Yes  No

Are you at least 18 years of age? (Proof of age and work permit may be required prior to hiring.)  Yes  No

Do you have a reliable means of transportation?

(A dependable vehicle must be available for conducting company business)

Yes  No

Do you have automobile insurance as required by California Law?

(If employment is offered, you are required to maintain automobile insurance as required by California law.)

Yes  No

### EDUCATION

	Name of School and Address	Graduated (Yes/No)	Number of Years Completed	Course of Major
High School				
College				
Other				
Other				
Special Studies/ Abilities				

What are your hobbies, special interests, and activities? (Please omit those indicating race, color, religion, sex, national origin, ancestry, age, or the existence of a disability.)

### GENERAL INFORMATION

Have you ever been convicted of a crime other than a minor traffic violation in which the fine was less than \$100.00)  Yes  No

(NOTE: A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please explain and state charge, court, date, and disposition of case:

Have you ever worked for this Company before?

Yes  No

If yes, please specify dates:

This Company is an equal opportunity employer. The Company does not discriminate on the basis of age, race, color, religion, sex, national origin, political affiliation, disability, handicap, marital status, or any other characteristic protected by applicable state or federal civil rights.

**EMPLOYMENT / WORK EXPERIENCE**

Please list all of your jobs. Please include a list of work performed on a voluntary basis. If additional pages are needed, please attach.) Please begin with the most recent experience:

Name of Company:	Address:	Telephone Number:
Dates of employment: From            To	Rate of pay: Start                      End	Average number of hours worked per week:
Position(s) held:		Supervisor's name and position:
Describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:		

Name of Company:	Address:	Telephone Number:
Dates of employment: From            To	Rate of pay: Start                      End	Average number of hours worked per week:
Position(s) held:		Supervisor's name and position:
Describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:		

Name of Company:	Address:	Telephone Number:
Dates of employment: From            To	Rate of pay: Start                      End	Average number of hours worked per week:
Position(s) held:		Supervisor's name and position:
Describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:		

**Please identify and explain all periods of unemployment during the last five years:**

From	To	Reason for unemployment

<b>REFERENCES</b>		

**Please provide at least three references who are not related or living with you.**

Name	Address	Phone number	Relation	Length of time

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its governing board, has the authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the governing board may not alter the at-will nature of the employment relationship unless a member of the governing board and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, satisfactory completion of a post-offer medical examination, satisfactory driving record, and meeting the California Community Care Licensing personnel standards.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

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