





Are you currently employed?  Yes  No Date available to begin work: \_\_\_\_\_

How many hours per week are acceptable to you? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Which position are you applying for? \_\_\_\_\_

What are the best hours for you to work? \_\_\_\_\_

What hours are you available/willing to work? \_\_\_\_\_

Check all that you are willing to consider:

- Part time work
- Working 3 to 5 evenings per week
- Working weekends
- A live-in/roommate position
- Overnight (sleeping) work
- Relocating to the following area(s): \_\_\_\_\_

What salary do you require? \$ \_\_\_\_\_ (hourly) or \$ \_\_\_\_\_ (monthly)

How did you hear about Community Interface Services and/or this opening? \_\_\_\_\_

If by newspaper, which one?  San Diego Union  North County Times  Other \_\_\_\_\_

Approximate date ad appeared \_\_\_\_\_ Under what heading was ad listed? \_\_\_\_\_

If by current Community Interface Services employee, who? \_\_\_\_\_

If by Internet, which site? \_\_\_\_\_

Have you ever applied to this agency before?  Yes  No If yes, when? \_\_\_\_\_

List the names of acquaintances, friends, or relatives that are/were employees of Community Interface Services or its competitors:

\_\_\_\_\_

### Safety and Transportation

Have you ever been disciplined for violating employer safety rules or regulations?  Yes  No

Would you abide by the safety rules of this agency?  Yes  No

Most positions require the use of a personal vehicle, a California driver's license, vehicle insurance, and a safe driving record.

Check the type of vehicle you plan to use for work:  Car  Truck  Van  Motorcycle  Sport Utility

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Do you have exclusive use of this vehicle?  Yes  No

Overall condition of vehicle:  Good  Fair  Poor

How many seats (with seat belts) does your vehicle have?  Two  Three  Four  Five  Six or more

Who is your motor vehicle insurance company? \_\_\_\_\_

List all violations which appear on your driving record: \_\_\_\_\_

\_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_

Please list any other driver's licenses you have had in the past five years and the location where issued.

DATE ISSUED

LICENSE #

STATE



## Skills/Abilities/Qualifications/Certifications

Are you able to lift and/or assist persons with disabilities when transferring (e.g., from wheelchair to bed)?  Yes  No

Are you willing to work with individuals with assaultive behaviors?  Yes  No

Are you willing to assist people with personal care such as eating or using the restroom?  Yes  No

Do you type?  Yes  No If yes, WPM \_\_\_\_\_

Do you have computer skills?  Yes  No If yes, please rate:  Excellent  Good  Fair

List software you are familiar with: \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

Do you know ASL?  Yes  No If yes, please rate:  Excellent  Good  Fair

Please rate your written communication skills:  Excellent  Good  Fair

Check those items which you possess:

Current First Aid Card  Current CPR Card  Current TB test results

Current CPI/PART Card or other behavioral management certification

Have you performed military service?  Yes  No

If yes, was separation an honorable discharge?  Yes  No  N/A

What relevant skills did you acquire in the military? \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your present or past employers?  Yes  No

Have you been convicted of a felony(s)?  Yes  No

(A conviction does not necessarily disqualify an applicant from work.)

If yes, please explain: \_\_\_\_\_

Have you been convicted of a misdemeanor(s) involving harm to another individual?  Yes  No

(A conviction does not necessarily disqualify an applicant from work.)

If yes, please explain: \_\_\_\_\_

Have you ever been reprimanded/disciplined for being late or missing work?  Yes  No

If yes, please explain: \_\_\_\_\_

Would you be willing and able to report to work on time every day on a regular and consistent basis?  Yes  No

If not, please explain: \_\_\_\_\_



## Work History (Also see application page 7 for volunteer history.)

1. Please complete regardless of whether you have attached a resume. Do not write "See Resume."
2. List in chronological order a complete work history of **all jobs held in the past 10 years**, beginning with your most recent employment.

Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
EXT. Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_ Salary \_\_\_\_\_  
FROM TO STARTING FINAL

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
EXT. Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_ Salary \_\_\_\_\_  
FROM TO STARTING FINAL

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
EXT. Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_ Salary \_\_\_\_\_  
FROM TO STARTING FINAL

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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## Work History (continued)

Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
EXT. Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_ Salary \_\_\_\_\_  
FROM TO STARTING FINAL

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
EXT. Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_ Salary \_\_\_\_\_  
FROM TO STARTING FINAL

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
EXT. Email \_\_\_\_\_

Supervisor \_\_\_\_\_  
NAME TITLE PHONE/EXT.

Dates employed \_\_\_\_\_ Salary \_\_\_\_\_  
FROM TO STARTING FINAL

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Please continue on with work history, if necessary, by providing an attachment with the information presented as in the preceding format. A resume may not be substituted.**



## Formal Education

HIGH SCHOOL/GED	CITY/STATE		DID YOU GRADUATE?			GPA
COLLEGE/UNIVERSITY	CITY/STATE	UNITS COMPLETED	DID YOU GRADUATE?	DEGREE	MAJOR/MINOR	GPA
COLLEGE/UNIVERSITY	CITY/STATE	UNITS COMPLETED	DID YOU GRADUATE?	DEGREE	MAJOR/MINOR	GPA
COLLEGE/UNIVERSITY	CITY/STATE	UNITS COMPLETED	DID YOU GRADUATE?	DEGREE	MAJOR/MINOR	GPA
GRADUATE SCHOOL	CITY/STATE	UNITS COMPLETED	DID YOU GRADUATE?	DEGREE	MAJOR/MINOR	GPA

## Current Activities/Education

List any scholastic honors, professional memberships, certificate programs, subjects of special study or research work, or licenses:

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Do you plan on coupling this position with other activities such as work or school?  Yes  No

If yes, please indicate the following:

ACTIVITY	HOURS AND DAYS	LOCATION

## Future Plans

What are your future educational plans? \_\_\_\_\_

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Have you already applied?  Yes  No If yes, which institution? \_\_\_\_\_

Which program major? \_\_\_\_\_

For which start date? \_\_\_\_\_  Part time  Full time

Anticipated class schedule \_\_\_\_\_

Will you continue to work while in school?  Yes, full time  Yes, part time  No

What is your vocational goal 5 years from now? \_\_\_\_\_

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If offered a position, how many months/years do you anticipate being able to commit to employment at the agency? \_\_\_\_\_

Please explain: \_\_\_\_\_



## Volunteer History

Please list, in chronological order, a complete volunteer history for the last 10 years. Begin with your most recent volunteer experience.

Organization \_\_\_\_\_ Supervisor \_\_\_\_\_  
NAME TITLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Type of work \_\_\_\_\_ Hours per week \_\_\_\_\_

Dates volunteered \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
FROM TO

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Organization \_\_\_\_\_ Supervisor \_\_\_\_\_  
NAME TITLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Type of work \_\_\_\_\_ Hours per week \_\_\_\_\_

Dates volunteered \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
FROM TO

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Organization \_\_\_\_\_ Supervisor \_\_\_\_\_  
NAME TITLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Type of work \_\_\_\_\_ Hours per week \_\_\_\_\_

Dates volunteered \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
FROM TO

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Organization \_\_\_\_\_ Supervisor \_\_\_\_\_  
NAME TITLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Type of work \_\_\_\_\_ Hours per week \_\_\_\_\_

Dates volunteered \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
FROM TO

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**Please continue on with volunteer history, if necessary, by providing an attachment with the information presented as in the preceding format. A resume may not be substituted.**



## References

Please list 3 personal references below of which 1 or 2 references are family members. For non-family references, indicate the number of years acquainted. Do not repeat names which appear in the "work history" section of this application.

1.

NAME ( ) ( )		OCCUPATION
DAY PHONE	EVENING PHONE	EMAIL
BEST TIMES TO REACH	RELATIONSHIP TO APPLICANT	YEARS ACQUAINTED (NON-FAMILY ONLY)

2.

NAME ( ) ( )		OCCUPATION
DAY PHONE	EVENING PHONE	EMAIL
BEST TIMES TO REACH	RELATIONSHIP TO APPLICANT	YEARS ACQUAINTED (NON-FAMILY ONLY)

3.

NAME ( ) ( )		OCCUPATION
DAY PHONE	EVENING PHONE	EMAIL
BEST TIMES TO REACH	RELATIONSHIP TO APPLICANT	YEARS ACQUAINTED (NON-FAMILY ONLY)

## Declaration, Authorization, and Release

I understand the provisions of this employment application and/or any job announcements do not constitute an expressed or implied contract. I certify that the above statements are true, and I further understand that misrepresentations or omission of facts called for in this application, on any resume I may submit and in any interview are cause for rejection of the application, refusal to hire, or dismissal, no matter when discovered.

I understand that any job offer is contingent upon my providing and maintaining required documentation including, but not limited to, a passing physical exam and drug screen from Community Interface Services' medical clinic, fingerprints cleared by the Department of Justice, proof of eligibility to work in the United States, a current motor vehicle insurance policy, a valid CA license, an acceptable motor vehicle report, a vehicle in safe working order, and proof of educational achievements claimed in this application.

I understand that, respective to possible employment, there is no agreement, expressed or implied, between myself and Community Interface Services for any specific period of employment or for continuing employment. I understand that Community Interface Services maintains an "at-will" relationship with its employees, that any statements made to the contrary are not binding, and that either the employee or the employer may terminate the employment relationship with or without cause, with or without notice.

I authorize any representative of Community Interface Services to investigate my background and the statements contained in this application including, but not limited to, my references, educational records, and work history. This information includes, but is not limited to, my work achievements, performance, attendance, disciplinary history, salary record, and personal history.

I authorize and direct all of my former schools and employers, and any other individual or entity that possesses information about my background, to release such information about me upon request from a representative of Community Interface Services, regardless of any prior direction to the contrary that I may have given. I also authorize disclosure to Community Interface Services of all transcripts, reports, letters, or other education or work records, without prior notice to me.

I release all schools, past and present employers, and all other individuals and entities from any and all liability for damage of whatever kind which may, at any time, result to me because of compliance with this authorization and request to release information.

SIGNATURE

DATE

When applying by mail, remit application to Human Resources, Community Interface Services, 2621 Roosevelt Street, Carlsbad, CA 92008-1660. For information on current employment opportunities call the Community Interface Services jobline at (760) 729-4295 or visit our web site at [www.communityinterfacedservices.org](http://www.communityinterfacedservices.org).



Community  
Interface Services  
is committed to a  
drug-free workplace.  
We test all employees  
for drug use.