



Application For Employment

Bedford Center
Adult Day Health Care

Mt. Diablo Center for
Adult Day Health Care

San Francisco
Vocational Services

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, color, religion, sex, national origin, ancestry, age, medical condition or disability, veterans or military discharge status, sexual orientation or any other basis prohibited by law.

Position(s) Applied for _____ Date _____

Salary desired _____

How did you learn about this opening? _____

Name _____

Address _____

City _____ State _____ Postal Code _____

Phone No _____ Message Phone No. _____

Social Security Number: _____ Drivers License No. _____

In case of emergency contact _____

Daytime Phone No _____

Have you ever filed an application here? () No () Yes Date _____

Do you have a legal right to work in the U.S.? () Yes () No

Are there hours/days that you cannot or will not work? _____

Are you currently licensed/certified? () Yes () No Type/ No: _____

List friends and relatives working here _____

Do you have reliable transportation? _____

Have you served in the Armed Forces? () Yes () No Dates of Duty: _____ to _____

Have you been convicted of a felony? () Yes () No If yes, please explain: _____

Education

Name/Address/Phone No. of School	Major	Degree and Year
High School		
College/University		
College/University		
Other		

List at least two business references not related to you: (Name/Address/Phone)

- 1. _____

- 2. _____

- 3. _____

In addition to your work experience, what other skills or qualifications do you possess that may benefit you in this position? Include any Foreign language skills, sign language skills, etc.

Employment History

(make additional copies of this page as needed to list all jobs.)

List each job held. Start with your present or last job.

Position	From	To	Hourly Rate/Salary Starting:	Final:
Employer	Supervisor		Phone No.	
Address	City	State	Zip	
Work Performed:				
Reason for Leaving				
Position	From	To	Hourly Rate/Salary Starting:	Final:
Employer	Supervisor		Phone No.	
Address	City	State	Zip	
Work Performed:				
Reason for Leaving				
Position	From	To	Hourly Rate/Salary Starting:	Final:
Employer	Supervisor		Phone No.	
Address	City	State	Zip	
Work Performed:				
Reason for Leaving				
Position	From	To	Hourly Rate/Salary Starting:	Final:
Employer	Supervisor		Phone No.	
Address	City	State	Zip	
Work Performed:				
Reason for Leaving:				
List any employers that you do not wish us to contact.				

Applicant’s Certification and Agreement

I affirm that the information I have provided on this application is true and correct to the best of my knowledge. I authorize REHABILITATION SERVICES OF NORTHERN CALIFORNIA to conduct an investigation to verify any information that I have provided, both written and verbal, and any other information about me that it deems necessary. Further, I authorize any company, school, institution or individual that I have been associated with to release any information that is relevant to this investigation. I understand that any material misrepresentation on my part may result in the termination of my employment or the revocation of an offer of employment.

In consideration of my employment, I agree to conform to the rules and regulations of RSNC.

I understand that employment at RSNC is “at will.” That is, employment at RSNC is for no specific duration, and shall continue only so long as it is mutually agreeable to you and RSNC. Either you or the company may terminate employment for any reason whatsoever, with or without cause or advance notice, and at any time. I understand that no representative of RSNC other than the President of the agency has any authority to enter into any agreements for employment for any specified period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the authorized officer of the agency.

Signed

Date

Name (Printed)

Rehabilitation Services Of Northern California

**Our mission is to promote dignity and independence of
people with disabilities and special needs.**

Corporate Office

490 Golf Club Road
Pleasant Hill, CA 94523
(925) 682-6343
Fax: (925) 682-6375

The Bedford Center

1811 C Street
Antioch, CA 94509
(925) 778-4171
Fax: (925) 778-4251

**Mt. Diablo Center for
Adult Day Health Care**

490 Golf Club Road
Pleasant Hill, CA 94523
(925) 682-6330
(925) 682-6375

**San Francisco
Vocational Services**

814 Mission Street, Suite 600
San Francisco, CA 94103
(415) 512-9500
(415) 512-9507