



**APPLICATION FOR EMPLOYMENT (Please type or print clearly, in blue or black ink)**

**PERSONAL INFORMATION**

NAME			DATE OF APPLICATION	
_____	_____	_____	_____	
LAST	FIRST	MIDDLE		
EMAIL ADDRESS:				
PRESENT ADDRESS				
STREET/UNIT NUMBER		CITY	STATE	ZIP
_____		_____	_____	_____
PHONE NUMBER		ALTERNATE OR MESSAGE PHONE NUMBER		
_____		_____		
ARE YOU 18 YEARS OF AGE OR OLDER? (Circle One) No Yes			CAN YOU PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE U.S.A.? (Circle One) No Yes	

**EMPLOYMENT DESIRED**

POSITION(S) APPLYING FOR:	
_____	
ARE YOU EMPLOYED NOW? (Circle one)	No Yes
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	No Yes
HAVE YOU EVER BEEN EMPLOYED BY DABS, INC? (Circle One) No Yes	
IF YES, PLEASE INDICATE:	WHEN? _____ WHERE? _____
DO YOU HAVE FRIENDS OR RELATIVE WORKING FOR US? (Circle One) No Yes	
IF YES, PLEASE INDICATE:	NAME? _____ RELATIONSHIP? _____
REFERRED TO THE AGENCY BY? _____	

**EDUCATION** (DABS, Inc. does not require education as a criterion for employment unless it is expressly required by law or funding source for the position)

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA / DEGREE? MAJOR/MINOR AREAS OF STUDY
HIGH SCHOOL			<input type="checkbox"/> No <input type="checkbox"/> Yes	
COLLEGE(S)			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Special skills, training, apprenticeships, etc. acquired from employment or other experience				



**APPLICATION FOR EMPLOYMENT – continued**

**FORMER EMPLOYERS**

You must complete this page in full. A resume may be attached, but does not replace this page. Begin with your present or last job. Include any job-related military service assignments and volunteer activities. Please exclude organizations, association with which indicates race, color, religion, gender, national origin, disability, or other protected status.

PRESENT OR LAST EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

NEXT PRIOR EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

NEXT PRIOR EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK:				

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATION FOR EMPLOYMENT – continued**
**MISCELLANEOUS JOB-RELATED INFORMATION**

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work? If so, please explain.	
List professional, trade, business, or civic activities and offices held. You may exclude information which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.	
Do you have or anticipate any commitments to any other entity, business, or person that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
DRIVERS LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____	

**PERFORMANCE OF JOB-RELATED FUNCTIONS**

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION?

YES

NO If “NO”, please describe the functions that cannot be performed. \_\_\_\_\_

*Note: We comply with the ADA, and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.*

HAVE YOU EVERY BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)?

*State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.*

NO

YES If so, please state nature of the crime(s), when and where convicted, and disposition of the case. \_\_\_\_\_

*Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.*

IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO FULLY CONFORM TO ALL ATTENDANCE REQUIREMENTS?

NO

YES If so, please describe fully. \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list three professional references (individuals who have worked with you and are able to comment on your performance, skills and abilities)

<b>Reference #1 NAME</b>	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS (OPTIONAL)	
OCCUPATION	
YEARS KNOWN BY YOU	
<b>Reference #2 NAME</b>	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS (OPTIONAL)	
OCCUPATION	
YEARS KNOWN BY YOU	
<b>Reference #3 NAME</b>	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS (OPTIONAL)	
OCCUPATION	
YEARS KNOWN BY YOU	



**APPLICATION FOR EMPLOYMENT - continued**

Please read the information below and indicate your understanding and agreement to these terms by signing in the space provided. Your application will not be considered without your signature. A photographic copy of this application will be considered the equivalent of the original and can be used as such.

Thank you for applying for work at DABS!

**Please Read Carefully, Initial Each Paragraph, and Sign Below:**

\_\_\_\_\_ The application requests certain information to help DABS, Inc. evaluate your qualifications. Please provide us with  
Initials any additional relevant information you would like us to consider. DABS, Inc. does investigate the background of applicants as well as previous employment experiences, including driving and fingerprint records, if appropriate to the position for which you are being considered. Unless you specifically list any limitation below, you are agreeing to permit us to investigate your background. You are also agreeing to release any persons providing information to DABS, Inc. from any liability claim or damages as a result of furnishing such information. Please list any limitations you wish:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ To the best of my knowledge, I declare that all responses in this application are true and complete. I agree that any  
Initials purposeful untruth, misleading answer, omission, concealment, or failure to answer any question completely and accurately may be grounds for not hiring me or for terminating my employment, if I am hired, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand DABS, Inc. is an at-will employer, and, if I am offered employment and I accept it, my employment is  
Initials not confined to a fixed term and may be ended by either DABS, Inc. or myself without prior notice, as per Agency policies. I further understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the agency. In addition, I understand and agree that, if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the agency, and that no promises or representations contrary to the foregoing are binding on the agency unless made in writing by the President/CEO of DABS, Inc.

\_\_\_\_\_ I authorize DABS, Inc. or The DABS, Inc's agents to thoroughly investigate my references, work record, education,  
Initials and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to the agency any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the agency, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**CONFIDENTIAL APPLICANT SURVEY** (Voluntary)

NAME (Last, First, Middle Initial)			DATE
CITY	STATE	ZIP	JOB APPLIED FOR

**PURPOSE**

We are required to maintain and monitor an equal opportunity and affirmative action program, and report the results to the federal government. By identifying your sex, race or ethnicity, and disability status on this form, you help us collect information needed to comply with these reporting requirements.

Your submission of this information is voluntary. The information you provide in this form will not be used to determine your eligibility or qualification for employment.

The information you provide is used to evaluate whether we are in compliance with laws that prohibit the discrimination or harassment of any person seeking employment on the basis of sex, race, color, national origin, or physical disability.

When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in a separate envelope from the one that contains your application.

**RACE/ETHNICITY**

Your response to this survey is voluntary. Please read each section thoroughly and answer each question to the best of your ability. Please check ()one space only

- American Indian or Alaska Native (not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- White (not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Hispanic or Latino:-** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Two or More Races (Not Hispanic or Latino) -** All persons who identify with more than one of the above five races.

**GENDER/SEX:**

Please check one

- Male
- Female

**DISABILITY\* STATUS:**

Please check one

- Yes
- No

**Note:** This form is not used for employment decisions. If you have a disability and need any accommodations, please request an Invitation to Self-Identify Disabilities form from the HR Department.

\*A person is disabled if he or she has a physical or mental impairment that substantially limits one or more major life activities.



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**AVAILABILITY LOG**

Please use the calendar below to indicate which shift(s) you are available to work.

SHIFT	MON	TUE	WED	THUR	FRI	SAT	SUN
9:00AM to 5:30PM							
7:00AM to 3:00PM							
3:00PM to 11:00PM							
11:00PM to 7:00AM							
11:00PM to 9:00AM							

Employee Signature: \_\_\_\_\_

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



**Day(s) of Observation Waiver**

Observer/Applicant Name (Please Print): \_\_\_\_\_

As part of the DABS, Inc. an opportunity to observe a specific program allows an applicant a way of gathering more information about the position and DABS, Inc. Conversely, we are able to observe the applicant in order to help determine appropriateness for the position.

**Waiver of Liability, Assumptions of Risk & Indemnity Agreement**

**Waiver:**

In consideration of my voluntary participation in DABS, Inc.'s pre-hire day(s) of observation, today and all future dates, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge and covenant not to sue DABS, Inc., its President, Directors, Service Coordinators, employees and agents from liability from any and all claims including the negligence of DABS, Inc., including all programs, resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in DABS, Inc.'s pre-hire observation day(s), and use of facilities, premises, or equipment.

\_\_\_\_\_  
Signature of Applicant/Observer

\_\_\_\_\_  
Date

**Assumption of Risks:**

Working with adults with development disabilities can carry with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. DABS, Inc., its' President, Directors, Service Coordinators, employees and agents make every effort to avoid injury by applying behavior modification techniques, controlling the environment and by building rapport with the adults with developmental disabilities we serve.

The specific risks vary from one activity to another, but the risks vary from any of the following:

- 1.) Minor injuries such as scratches and bruises
- 2.) Major injuries such as eye injuries, loss of sight, back injuries, heart attacks and concussions.
- 3.) Catastrophic injuries including paralysis or death.

I have read the previous paragraphs and I know, understand, and appreciate these and the other risks that are inherent in the pre-hire day of observation made possible by DABS, Inc. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:**

I also agree to indemnify and hold DABS, Inc., its' President, Directors, Service Coordinators, employees and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in DABS, Inc.'s pre-hire day of observation and to reimburse them for any such expenses incurred.

**Severability:**

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:**

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Applicant/Observer

\_\_\_\_\_  
Date