



Date: _____

INSTRUCTIONS: Please answer all questions or state you do not know

1 Name: _____

2 Social Security #: _____ 3 Telephone #: _____

4 Present Address: _____
 City: _____ State: _____ Zip Code: _____

5 Permanent Address (if different than present): _____
 City: _____ State: _____ Zip Code: _____

6 Type of work or position applying for: _____

7 Locations (check all that apply) Fullerton Orange San Clemente

8 If your application is considered favorably, on what date will you be available for work? _____

9 Would you be willing to work: Full-time Part-time Days Evenings Nights Overtime

10 How did you hear about this position? _____

11 Have you ever used another name? No Yes If yes, list name: _____

12 If employed, can you provide proof of legal right to work in the United States? Yes No If no, explain

13 A. Have you ever been convicted of a crime in California? No Yes
 B. Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside the U.S.?
 If yes, explain in full with description of the case: No Yes

14 Are you a minor? No Yes If yes, can you provide required proof of your eligibility to work? No Yes

15 Are you willing to travel is a job requires it? Yes No

16 Educational Record

Schools Attended	Name	City, State	Years Completed	Major	Degree Earned
Last High School					
Junior College					
College/University					
Graduate School					
Trade School					

17 Adult education or special training (include license number(s) id applicable):

18 Employment Record

Other name(s) under which employment may be verified: _____

Beginning with the most current, list the last four (4) jobs you have had, including any military service or self employment.

Company	Dates of Employ Month/Year	Pay and Allowances	Job Title/Work Performed Name & Title of Supervisor
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Name _____	From _____	Beginning _____	
Address _____	_____	_____	
City _____ St _____ Zip _____	To _____	Ending _____	
Phone No: _____	_____	_____	
Reason for Leaving: _____			

Name _____	From _____	Beginning _____	
Address _____	_____	_____	
City _____ St _____ Zip _____	To _____	Ending _____	
Phone No: _____	_____	_____	
Reason for Leaving: _____			

Name _____	From _____	Beginning _____	
Address _____	_____	_____	
City _____ St _____ Zip _____	To _____	Ending _____	
Phone No: _____	_____	_____	
Reason for Leaving: _____			

Name _____	From _____	Beginning _____	
Address _____	_____	_____	
City _____ St _____ Zip _____	To _____	Ending _____	
Phone No: _____	_____	_____	
Reason for Leaving: _____			

Please describe any work related accomplishments of which you are especially proud:

19 Skills, abilities, and experiences which you feel would especially qualify you to work with RIO:

20 List all machines and equipment which you have set-up and/or operated and/or maintained:

21 List any mechanical or special skills you possess:

22 Have you any outside business interests? No Yes

If yes, describe: _____

23 Do you have any relatives/spouse /partner working at RIO? No Yes

If yes, list name(s): _____

24 Were you previously employed by or volunteered at RIO? No Yes

If yes, when: _____ Department: _____

25 Professional membership; volunteer and any other activities and interests related to the job for which you are applying:

26 **Complete only those questions which are checked below (to be completed during interview):**

Do you have reliable transportation to work? No Yes

Do you possess a valid driver's license? No Yes If yes, what class: _____

Have you ever been bonded? No Yes If yes, bonding company: _____

Read Carefully Before Signing

I certify that the answers given herein are true and complete to the best of my knowledge. I agree that any misrepresentation, false statement, or omission, made by me with respect to the information contained in this application, employment verification form, interview(s), or subsequent physical examination shall be sufficient cause to disqualify me from consideration or if hired to terminate my employment.

I understand that I am required to abide by all the rules and regulations of the Rehabilitation Institute of Southern California (RIO) and in consideration of my employment, I agree to conform to the rules and regulations of the Rehabilitation Institute of Southern California (RIO).

I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment agreement. No promise regarding employment has been made to me, and I understand that no such promise or guarantee is binding unless made in writing and is signed by the Executive Director of the Rehabilitation Institute of Southern California.

I understand that if I am employed, my employment is for no definite period of time, and may, regardless of the payment of my wages and salary, be terminated at any time without any previous notice or stated reason, and I accept these conditions.

I also authorize you to solicit reports from previous employers, schools, personal and other references, and law enforcement agencies (if I have been convicted of a felony or am currently on bail). No effort will be made to contact my present employer unless I have so authorized by initialing the following: _____

I further recognize that employment is subject to:

- 1) your receiving satisfactory reports from all references solicited,
- 2) approval of the management of the Rehabilitation Institute of Southern California in which employment may be offered.

I also recognize that I will be required to:

- 1) supply a record of birth, U.S. citizenship, or visa status, as appropriate,
- 2) sign statements dealing with your policy on Conflict of Interest, Confidential Information, Harassment, and certain other employment forms.

I UNDERSTAND THAT the completion of this employment application does not indicate there are available positions and does not obligate the Rehabilitation Institute of Southern California in any way. If accepted, employment in the position offered will be subject to a determination of fitness for work by a physician approved by the Rehabilitation Institute of Southern California.

It is understood that if, after I have submitted this application to the Rehabilitation Institute of Southern California, any changes occur which affect the accuracy of the information entered herein, it shall be my responsibility to inform the Rehabilitation Institute of Southern California of such changes prior to accepting employment.

I further understand that this employment application will be retained for active consideration for sixty (60) days from date submitted; however, I may reactivate my application for an additional sixty (60) day period upon proper notification to the Rehabilitation Institute of Southern California.

Applicant's Signature

Date Signed

**REHABILITATION INSTITUTE OF SOUTHERN CALIFORNIA
IS AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY EMPLOYER**