

PEOPLE SERVICES, INC.

Proudly Serving the Community

F. Ilene Dumont
Executive Director

NOTICE TO ALL APPLICANTS:

In compliance with both California and Federal law, People Services, Inc. must test all employees who either operate or perform safety-sensitive functions on commercial motor vehicles owned, operated, and leased or under the direction of People Services, Inc., for controlled substances and alcohol.

Safety-sensitive functions include any position providing complete supervision for clientele served and / or transporting them for any reason.

All employees must be drug free to be employed full time or part time.

A pre-employment drug test will be necessary before your employment begins. You will be presented with the People Services, Inc. alcohol use and controlled substance abuse policy and related materials before testing. **Ask for these documents.** **Medical Marijuana cards are not considered an exemption.**

When you apply for work with People Services, Inc. and have a pre-employment drug test that comes in positive and you wish to appeal it you may, but:

You as the applicant need to know the results are out of our control and that you may appeal with the testing agency **AT YOUR OWN EXPENSE OR** seek employment elsewhere. The cost of this is the applicant's responsibility.

PSI DOES NOT PAY FOR APPEALS, NOR DO WE PAY FOR FOLLOW UP ON ANY POSITIVE DRUG TEST. YOU MUST PAY DIRECT. PSI IS NOT RESPONSIBLE.

All applicants will be required to fill out Lic. 508 – Criminal Record Statement after an offer for Employment has been made and prior to fingerprinting

All applicants must pass a pre-employment fingerprint clearance by DOJ and FBI. The applicant is responsible for paying a Twenty-five Dollar fee (\$25.00) at their fingerprint appointment, which is reimbursable after 30 days of active employment.

All applicants will be required to provide a current DMV Printout after an offer of Employment has been made to verify a clean driving record.

All applicants for Licensed Facilities, or those that will be assigned to Licensed Facilities, will be required to have a TB test prior to employment. The initial test will be paid by People Services, Inc. **All follow-up medical costs/testing costs due to a positive result will be the responsibility of the applicant.**

- 4195 Lakeshore Boulevard, Lakeport, California 95453 ● Telephone (707) 263-3810, FAX (707) 263-0552
- 870 Eleventh Street, Lakeport, California 95453 ● Telephone (707) 263-7714, FAX (707) 263-0380
- 14560 Lakeshore Drive, Clearlake, California 95422 ● Telephone (707) 994-1560, FAX (707) 994-5450

PEOPLE SERVICES, INC.

Employment Application

An Equal Opportunity Employer

Please Print

| | | | |
|------|-----------|------------|--------|
| Date | Last Name | First Name | Middle |
|------|-----------|------------|--------|

Present Address

| | | | |
|--------------|------|-------|----------|
| No. & Street | City | State | Zip Code |
|--------------|------|-------|----------|

Permanent Address (if different from present address)

| | | | |
|--------------|------|-------|----------|
| No. & Street | City | State | Zip Code |
|--------------|------|-------|----------|

| | |
|----------------|------------|
| Business Phone | Home Phone |
|----------------|------------|

Employment Desired

Position applying for: _____

Are you applying for: Regular full-time work? Yes No

Regular part-time work? Yes No

What days and hours are you available for work? _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, what date can you start work? _____

Personal Information

How did you hear about our company and this job opening? _____

Have you ever applied to or worked for People Service, Inc before? Yes No

If yes, when? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age) Yes No

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

If no, 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.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Education, Training, and Experience

| School | Name and Address | No. of Years Completed | Did You Graduate? | Degree of Diploma |
|--------------------|---------------------------------------|------------------------|--|-------------------|
| High School | Name _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Address _____ | | | |
| | City _____ | | | |
| | | | | |

| | | | | |
|----------------------------|---------------------------------------|-------|--|-------|
| College/ University | Name _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Address _____ | | | |
| | City _____ | | | |
| | | | | |

| | | | | |
|-----------------------------|---------------------------------------|-------|--|-------|
| Vocational/ Business | Name _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Address _____ | | | |
| | City _____ | | | |
| | | | | |

| | | | | |
|-----------------------------|---------------------------------------|-------|--|-------|
| Health Care Training | Name _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Address _____ | | | |
| | City _____ | | | |
| | | | | |

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at People Services, Inc.?

Yes No

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of License/certification: _____

License certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reasons(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties _____

Reason for Leaving
Current Employer? Yes No
May we contact this employer for a reference?..... Yes No

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties _____

Reason for Leaving
May we contact this employer for a reference?..... Yes No

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties _____

Reason for Leaving
May we contact this employer for a reference?..... Yes No

Employment History, continued

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

| | | | |
|---------------------------|--------------------|----------------------------------|----------------|
| _____ First Name | _____ Last Name | _____ Phone Number | |
| _____ Address & Street | | _____ City | _____ State |
| | | _____ Zip Code | |
| _____ Occupation | | _____ No. of Years Acquainted | |

| | | | |
|---------------------------|--------------------|----------------------------------|----------------|
| _____ First Name | _____ Last Name | _____ Phone Number | |
| _____ Address & Street | | _____ City | _____ State |
| | | _____ Zip Code | |
| _____ Occupation | | _____ No. of Years Acquainted | |

| | | | |
|---------------------------|--------------------|----------------------------------|----------------|
| _____ First Name | _____ Last Name | _____ Phone Number | |
| _____ Address & Street | | _____ City | _____ State |
| | | _____ Zip Code | |
| _____ Occupation | | _____ No. of Years Acquainted | |

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize People Services, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company 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 Company, 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.

Initials

I 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 Company. 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 Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, a work schedule other than Monday through Friday, or a transfer to another service department. I understand and accept these conditions.

Date

Applicant's Signature