



SONIA CORINA, INC.

DBA: Bay Respite Care

For Office Use Only:

Ready to Train

Full-Service Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital or veteran status, the presence of a non-related medical condition or disability, or any other legally protected status.

PLEASE PRINT OR TYPE

Position(s) Applying for:	Date:
How did you learn of our agency?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> BRC Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: _____ <input type="checkbox"/> Are you related to or know any staff member(s) of this company? ___ Who? _____	

Last Name		First Name		Middle Name
Street Address		Apt #	City	State Zip
Home Phone		Cell Phone		
Message Phone		E-mail Address		

Check Yes or No:

- Yes ___ No ___ 1. Possess a CA Driver's License? If Yes, DL Number _____
Expiration Date _____
- Yes ___ No ___ 2. I possess a reliable vehicle for transportation.
- Yes ___ No ___ 3. I am at least 18 years old.
- Yes ___ No ___ 4. Have you ever filed an application with us before? If yes, date: _____
- Yes ___ No ___ 5. Have you ever been employee with us before? If yes, date: _____
- Yes ___ No ___ 6. Are you prevented from lawfully becoming employed in the US because of VISA or Immigration Status?
- Yes ___ No ___ 7. Have you ever been convicted of a felony or a misdemeanor?
- Yes ___ No ___ 8. Are you on active duty with the military?
- Yes ___ No ___ 9. Are you currently on "lay-off" status and subject to recall?
- Yes ___ No ___ 10. Are you willing to travel within the greater Bay Area if the job requires it?
- Yes ___ No ___ 11. Are you currently employed?
- Yes ___ No ___ 12. May we contact your current employer?
- Yes ___ No ___ 13. Are you able to perform the duties of the job for which you are applying for with or without accommodation?

On what date would you be available for work? _____

Are you available to work: ___ Full-Time ___ Part-Time (up to _____ hrs/week)
 ___ Temporary ___ Seasonal ___ Permanent

Name: _____

Date _____

EMPLOYMENT HISTORY

Employer	Dates Employed	Work Performed
Job Title	From	
Street Address	To	
City State Zip	Hourly Rate/Salary	
Phone	Starting	Reason for Leaving
Supervisor/Contact Person:	Final	
<i>For office use only:</i> Date Verified _____ by _____ Title _____ Written Reference? _____ Comments:		

Employer	Dates Employed	Work Performed
Job Title	From	
Street Address	To	
City State Zip	Hourly Rate/Salary	
Phone	Starting	Reason for Leaving
Supervisor/Contact Person:	Final	
<i>For office use only:</i> Date Verified _____ by _____ Title _____ Written Reference? _____ Comments:		

Employer	Dates Employed	Work Performed
Job Title	From	
Street Address	To	
City State Zip	Hourly Rate/Salary	
Phone	Starting	Reason for Leaving
Supervisor/Contact Person:	Final	
<i>For office use only:</i> Date Verified _____ by _____ Title _____ Written Reference? _____ Comments:		

If you need additional space, please continue on a separate sheet of paper.

Name: _____

Date _____

REFERENCES

If you are unable to provide any work references, please list three references who are not related to you and who are not currently or previously employed by Sonia Corina, Inc. (i.e. pastor, community organization leader, teacher, etc.) These individuals must be able to provide verbal and/or written references of your appropriateness for the job in which you are applying.

Name	Phone	Nature of Relationship
1.		
2.		
3.		

EDUCATION

Check the appropriate box if you possess one of the following:

High School Diploma G.E.D. Certificate California High School Proficiency Certificate

Name and Location of College/University/Graduate, Business/Trade School, Special Training	Course of Study/Major	Units Completed	Degree/Certificate	Date Awarded

I can speak, read, and/or write the following language(s) besides English: _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment, education, volunteer, personal and/or other experience.

CERTIFICATION OF APPLICANT (Read Carefully)

I hereby, certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from employment with Sonia Corina, Inc.

Signature of Applicant

Date

SONIA CORINA, INC.

DBA: Bay Respite Care

APPLICANT'S STATEMENT AND RELEASE OF INFORMATION

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Sonia Corina, Inc.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand and, also, that I am required to abide by all rules and regulations of the employer.

I hereby, authorize all my employers and/or schools (unless otherwise noted) to release any and all information concerning me, including information of a confidential or privileged nature. I hereby release any and all employers from any liability or damage which may result from furnishing the information requested.

Print Name

Signature

Date