



Serving Individuals with Developmental Disabilities Since 1959

EMPLOYMENT APPLICATION
 825 MAGNOLIA AVENUE, CORONA CA 92879
 PHONE (951) 273-7320 FAX (951)372-0113
WWW.PEPPERMINTRIDGE.ORG

PERSONAL INFORMATION Please complete all information below, clearly.

Position Applied for:		F/T P/T O/C A/M P/M NOC ANY					
Last Name		First Name			Middle		
Mailing Address				City		State	Zip
Home Phone number with area code ()		Cell or Message Phone with area code ()		How did you hear about the Ridge, include name (s) of web site or paper or person(s)			
Have you ever been Convicted of a Felony or Misdemeanor? Date: Give a description of conviction;							
No offer of employment is final until a prospective employee has passed our medical examination, including lab testing of a urine sample to determine the presence of certain drugs and/or alcohol in the body. Do you agree to take this exam at our expense? YES NO							
Do you have a valid California Drivers License? YES NO Please list restrictions:			Have you been a California resident for 3 or more years? YES NO				
Have you every applied here before and when? YES NO Date(s) _____			Have you previously worked for Peppermint Ridge? If so, when? YES NO Date(s) _____				
If you are offered employment, you will be required to produce sufficient documentation of your identity and right to work in the United States, and to attest under penalty of perjury that the documents you have produced are genuine and relate to you. If hired, will you be able to provide proof of eligibility to work in the United States? YES NO							
<u>Are you willing to help clients with their care such as dressing showering, toileting, bathing grooming and health treatment?</u> YES NO							
<u>Are you willing to perform housekeeping chores?</u>			<u>Are you willing to work weekends?</u>				
<u>Are you willing to work extra hours when necessary?</u>			<u>Do you know anybody who works for Peppermint Ridge? Who?</u>				
<u>Person to contact in case of an emergency, relationship & phone number:</u>					<u>Are you over 18 years old?</u> (circle one) YES NO		

RECORD OF EDUCATION

High School name and location:		Circle highest grade completed:				Did you graduate?	
		9	10	11	12	<u>Yes</u>	<u>Diploma</u>
		<u>No</u>	<u>GED</u>				
University or Career collage name:	Major	Units	Degree or Certificate awarded				

PROFESSIONAL REFERENCES

Do **not list** former employers please list people who know your work history i.e. former co-workers or supervisors.

Name	Occupation	Relationship	Phone number

PERSONAL REFERENCES

Please **do not** list relatives.

Name	Occupation	Relationship	Phone number

EMPLOYMENT HISTORY

List below all past and present employment beginning with the most recent, including all volunteer and paid experience (past 10 years)

Previous Employer Information			Date		Hourly rate or Salary
Name of employer			Start Date	End Date	
Address					
City	State	Zip	Phone ()		
Position		Supervisor			
Work performed:					
Reason for leaving:					
Was this experience working with people with developmental disabilities? YES NO Paid Volunteer					

Explain gap between this and previous employment (if any):

Previous Employer Information			Date		Hourly rate or Salary
Name			Start Date	End Date	
Address					
City	State	Zip	Phone ()		
Position		Supervisor			
Work performed:					
Reason for leaving:					
Was this experience working with people with developmental disabilities? YES NO Paid Volunteer					

Explain gap between this and previous employment (if any):

EMPLOYMENT HISTORY - CONTINUED

Previous Employer Information				Date		Hourly rate or Salary
Name			Start Date	End Date		
Address						
City	State	Zip	Phone ()			
Position			Supervisor			
Work performed:						
Reason for leaving:						
Was this experience working with people with developmental disabilities? YES NO Paid Volunteer						
Explain gap between this and previous employment (if any):						
Previous Employer Information				Date		Hourly rate or Salary
Name			Start Date	End Date		
Address						
City	State	Zip	Phone ()			
Position			Supervisor			
Work performed:						
Reason for leaving:						
Was this experience working with people with developmental disabilities? YES NO Paid Volunteer						
Explain gap between this and previous employment (if any):						
Previous Employer Information				Date		Hourly rate or Salary
Name			Start Date	End Date		
Address						
City	State	Zip	Phone ()			
Position			Supervisor			
Work performed:						
Reason for leaving:						
Was this experience working with people with developmental disabilities? YES NO Paid Volunteer						
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Previous Employer Information				Date		Hourly rate or Salary
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City	State	Zip	Phone ()			
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City	State	Zip	Phone ()			
Position			Supervisor			
Work performed:						
Reason for leaving:						
Was this experience working with people with developmental disabilities? YES NO Paid Volunteer						
Explain gap between this and previous employment (if any):						

Work performed: _____

Reason for leaving: _____

Was this experience working with people with developmental disabilities? YES NO Paid Volunteer

Explain gap between this and previous employment (if any): _____

ANSWER ALL QUESTIONS WITH COMPLETE SENTENCES

Please list you scheduling limitation. _____

Available days: _____

Available times: _____

Why are you interested in working for Peppermint Ridge? _____

What skills do you feel are the most important to possess for the position you have applied for? _____

List some professional strengths you would bring with you if you were hired here at Peppermint Ridge? _____

What are your career goals? _____

Please list the type of client you would enjoy working with most. _____

Please describe the type of client you might find most challenging and why. _____

What is the hardest area of growth you have encountered for yourself? _____

YOUR COMMENTS: _____

I hereby certify that all of the foregoing information I have supplied in this application is correct and complete. I understand and agree to allow **Peppermint Ridge** ("the Ridge") to verify the information provided. I further understand that any falsification of information will constitute grounds for immediate dismissal upon discovery thereof. I give the Ridge permission to contact any or all of my previous employers and references for full information and hereby release the Ridge from any and all liability for doing so. I also understand that all offers of employment are conditioned upon the satisfactory completion of reference and/or background checks, and the submission of valid documentation that confirms my identity and authorization to work in the United States.

If employed and in consideration of my employment, I agree to conform to the rules, policies and procedures of the Ridge. **I understand that, if hired, I will be an at-will employee, which means that I may terminate my employment at any time, that the Ridge may transfer, reassign, suspend or demote me at any time, and that my employment may be terminated at any time, with or without notice and with or without cause.** I further understand that no one has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing other than in a writing signed by me and by the Board Chairperson.

Applicants Signature _____ Today's Date _____



AUTHORIZATION TO RELEASE JOB INFORMATION

As an applicant for a position with Peppermint Ridge, I am required to furnish information about my work history for use in determining if qualifications meet the essential requirements of the job. Therefore, I hereby authorize the release and full disclosure of any or all information that you may have concerning my work history with your organization, including information of a confidential or privileged nature, to Peppermint Ridge.

"In accordance with the mandates of public law, I hereby release your organization and all others from liability or damage which may result from releasing the information requested".

"A photocopy of this release form will be valid as an original even though the said photocopy does not contain an original writing of my signature."

"This release will expire one year from the date signed below."

(Applicant's Signature)

(Date)

(Applicants Printed Name)

APPLICANTS PLEASE READ!!!

Please fill out the top of this form with the company you worked for, name of the company, address, your name in the box below, and sign the bottom of this form to authorize Peppermint Ridge to verify your reference.

Request for Job Information

List last employer, address and phone number, and please sign below.

Company Name _____ ATTN: _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Fax number _____

I, _____
Applicants Name

This person has applied for employment with Peppermint Ridge. In this position, this person will be responsible for the care and supervision of adults with developmental disabilities; therefore, it is extremely important that we carefully screen this person's previous work history before making our final decision. Your participation in the process is invaluable to the health and safety of our clients; therefore we request that you answer the following questions and return this form to us as soon as possible to:

Mail or fax to Peppermint Ridge Human Resources at:
(951) 737-2870.

Dates of employment from _____ to _____

Based on your employment records, would you consider this person a rehire?

(Circle one) Yes No

Did this person follow your agency rules and regulations?

(Circle one) Fully Mostly Seldom

How would you rate this person's job performance?

(Circle one) Above Standard Average Below Standard

Why did this person leave your employment? _____

Signature of employer _____ Date _____

Title _____ Phone _____

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This release will expire 1 year from the signed date below.

Signature of Applicant _____ Date _____

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