



**CORNERSTONE HOUSE OF SANTA BARBARA
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email _____

GENERAL INFORMATION

Position applied for: _____

If you are under the age of 18, can you provide a work permit if offered a job? Yes No

If you are not a U.S. Citizen, do you have the permit to work in the U.S.? Yes No

Have you been convicted of a felony within the last seven years? Yes No

(A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please explain _____

Have you ever applied for a position with or worked for this Company before? Yes No

If yes, specify dates: From: _____ To: _____

EDUCATION

	Name and Address of School	Major	Graduate?
High School			
College			
Other (Specify)			



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Please Identify and explain all periods of unemployment in excess of one month during the past 10 yrs:

Period of Unemployment:

Reason for Unemployment:

From:

To:

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled under a name other than that used on this application: Yes No

If yes, please specify the name you were employed or enrolled under: _____

If you are employed now, may we contact your current employer?

Yes No

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes No

If necessary, please indicate what type(s) of reasonable accommodations are needed:

Are you a veteran of the United States Military Service?

Yes No

If yes, please state branch of service: _____

Please list any job-related professional, trade, business or civic activities, organizations, and associations

Please provide the names, addresses, and telephone numbers of at least three references who are not related to you. At least one reference should be a professional reference.



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EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years, beginning with your current job.
You may include volunteer activities.

Name of Employer:	From Month Year	To Month Year
Address: (Street, City & State)	Telephone # :	Starting Pay:
Position:	Supervisor Name:	Ending Pay:
Description of Duties:		
Reason for Leaving:		

Name of Employer:	From Month Year	To Month Year
Address: (Street, City & State)	Telephone # :	Starting Pay:
Position:	Supervisor Name:	Ending Pay:
Description of Duties:		
Reason for Leaving:		

Name of Employer:	From Month Year	To Month Year
Address: (Street, City & State)	Telephone # :	Starting Pay:
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If you need additional space, please continue your response on the back of this page.



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Person to be contacted in the event of an accident or emergency:

Name:

Address:

Telephone:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements checked by Cornerstone House of Santa Barbara unless I have indicated to the contrary. I authorize the references listed above as well as all other individuals whom the Company contacts to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer of employment, or if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at-will, with or without cause, and with or without notice at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditional on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination.

Signature of Applicant

Date