



SAFE LIFE PROJECT

An Equal Opportunity Employer

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Are you available to work on weekends? YES _____ NO _____

Position Applied for: _____

Personal Information

How did you hear about Safe Life Project and this job opening? _____

Why are you interested in this position? _____

Are you able to perform the essential functions of this job either with or without reasonable accommodations?

If not, describe the functions that cannot be performed. _____

(Note 1: 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 test.)

(Note 2: 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.)

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Education, Training and Experience

High School:

Name: _____ Address: _____

Number of Years Completed: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College:

Name: _____ Address: _____

Number of Years Completed: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Vocational/Business or Other College:

Name: _____ Address: _____

Number of Years Completed: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Health Care/CPR Training:

Name: _____ Address: _____

Number of Years Completed: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Do you have any other experience, training, qualifications or skills that make you especially suited for work at Safe Life Project? _____

Are you credentialed or licensed for this type of work? YES NO

What is the name of the credential/license? _____

Issuing State: _____

Has this credential/license ever been revoked or suspended? YES NO

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

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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.

Present Employer: (If retired, please complete last employer, and indicate "retired" next to "reason for leaving.")

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Past Employer:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Note: Attach additional page(s) if necessary.

References

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

1. First and Last Name: _____
Phone Number: (_____) _____
Street Address: _____
City, State, Zip: _____
Occupation: _____
Number of Years Acquainted: _____

2. First and Last Name: _____
Phone Number: (_____) _____
Street Address: _____
City, State, Zip: _____
Occupation: _____
Number of Years Acquainted: _____

3. First and Last Name: _____
Phone Number: (_____) _____
Street Address: _____
City, State, Zip: _____
Occupation: _____
Number of Years Acquainted: _____

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Disclaimer and Signature

PLEASE READ CAREFULLY. INITIAL EACH PARAGRAPH and SIGN BELOW

_____ 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.

_____ I hereby authorize Safe Life Project 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 Safe Life Project 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 Safe Life Project, 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.

_____ 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 Safe Life Project. 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 Safe Life Project and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and Safe Life Project's designated representative.

_____ 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.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Required Application Materials: The candidate must submit this application, along with a letter of introduction to Safe Life Project.

Where to Send: You may email your application materials to info@safelifeproject.org or mail to Safe Life Project, 7147 Pleasant Grove Road, Pleasant Grove, CA 95668.

Questions: Please feel free to contact either Susan Whaley (susan@safelifeproject.org) or Stacey Hoffman (stacey@safelifeproject.org).