



Canine Companions for Independence, Inc.
Phone :707-577-1700
Fax: 707-566-4866
www.cci.org

CANINE COMPANIONS FOR INDEPENDENCE, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex (including gender identity, sexual orientation, transgender), religion, age, mental or physical disability, veteran status, medical condition, marital status, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship. *Canine Companions for Independence, Inc., only accepts applications for specific positions.*

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. **Name:** _____

Last	First	Middle
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2. **Address:** _____

Street	City	State	Zip
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3. **Telephone Number:** _____
4. **Email Address:** _____

5. **Are you at least 18 years old?** **Yes** **No**

6. *If employed & under the age of 18, can you furnish a work permit?* **Yes** **No**

7. **Do you have a legal right to work in the United States?** **Yes** **No** *(If employed, you will be required to provide proof.)*

8. **Have you applied to Canine Companions for Independence, Inc. for employment in the past?** **Yes** **No**
 If yes, when? _____ Position applied for: _____

9. **Do you have any relatives currently employed by Canine Companions for Independence, Inc.?** **Yes** **No**
 If yes, who? _____ What relation to you? _____

10. **Have you ever used another name that we would need to verify your employment experience and education?**
Yes **No** If yes, indicate such name and the date the name changed:

11. **Are you currently employed?** **Yes** **No**
 If yes, may we contact your current employer at any time? **Yes** **No**
 You may contact my current employer, but only when:

13. **If hired, can you present evidence of your right to live and work in the United States?** **Yes** **No**

POSITION

1. Position for which you are applying:

First Choice Second Choice

2. Salary/wage desired: _____ per HOUR ANNUALLY

3. Are you available to work:

Full-Time	Part-Time	Temporary	On-Call
Evenings	Weekends	Overtime	Split Shift
Over Night			
Other: _____			

4. When would you be available to start working? _____

5. How did you hear about the availability of the position for which you are applying?

Internet	Employment Agency	Current Employee	Social Media
Friend	Relative	Walk-In	Other: _____

7. Can you perform any or all the essential job functions for the position you are seeking, with or without reasonable accommodation? Yes No

8. Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No

SPECIAL SKILLS AND TRAINING

1. Describe specialized training, apprenticeships, skills or research:

2. List current certifications and/or professional licenses, if any, and where registered:

3. Office/business equipment and software qualified or trained to use:

4. Check special skills or training:

Bookkeeping	Supervision	Dog or Animal Handling	Sign Language
Human Resources	Veterinary	Training or Instruction	Maintenance/Facilities
Finance	Development/Fundraising	CPR/First Aid	Specific License or Certification
Administration	Service Dog	Other: _____	

5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL– RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		Full-Time	Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title				
Reason for Leaving: Resigned Laid off Discharged				
Why?				
2.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		Full-Time	Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title				
Reason for Leaving: Resigned Laid off Discharged				
Why?				
3.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		Full-Time	Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title				
Reason for Leaving: Resigned Laid off Discharged				
Why?				
4.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		Full-Time	Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title				
Reason for Leaving: Resigned Laid off Discharged				
Why?				

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	GRADUATE? (Y/N)
High School			Yes No
Community College			Yes No
College/University			Yes No
Graduate School			Yes No
Business/Trade/Night School			Yes No

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION**DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.**

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 authorize Canine Companions for Independence, Inc. or its designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Canine Companions for Independence, Inc. from all liability or responsibility with respect to information supplied to Canine Companions for Independence, Inc.

In compliance with federal law, I understand that if hired, I 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 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 Canine Companions for Independence, Inc. 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 Canine Companions for Independence, Inc.'s designated representative.

If employed by Canine Companions for Independence, Inc., I agree to abide by the rules, policies and procedures of Canine Companions for Independence, Inc. and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination and background, and such examination may include drug and alcohol screening. I understand that Canine Companions for Independence, Inc. believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Canine Companions for Independence, Inc. during the time of my employment.

Should a search of public records be conducted by internal personnel employed by Canine Companions for Independence, Inc., I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired because of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the Company will only be used to the extent allowed by federal, state, or local law.

I waive receipt of a copy of any public record described in the paragraph above.

IF I CHOOSE TO SUBMIT THIS APPLICATION ELECTRONICALLY, MY NAME ON THE SIGNATURE LINE WILL HAVE THE SAME EFFECT AS IF I SIGNED A HARD COPY OF THIS APPLICATION.

Signature of Applicant

Date