



CANINE COMPANIONS FOR INDEPENDENCE, INC.
Employment Application

APPLICANT INSTRUCTIONS

Please complete all sections of the employment application. **We only accept applications for specific job openings.** Please be sure you have reviewed our list of open positions before completing an application.

Please contact the Human Resources Department @ (707) 577-1700 if you have questions about this form. CCI is an equal opportunity employer.

DATE: _____

NAME: _____
LAST NAME FIRST NAME MI

HOME PHONE (____) _____ OTHER PHONE (____) _____

Email address: _____

CURRENT ADDRESS:

STREET

CITY STATE ZIP

AVAILABILITY

Position applying for: _____

What date can you start? _____

What category would you prefer? Full-time Part-time Temporary

When are you available to work? Weekdays Weekends Overtime
 Other: _____

JOB RELATED SKILLS

- Yes No If the job requires, do you have a valid drivers license?
 Yes No Have you been given a job description or had the essential functions of the job explained?
 Yes No Do you understand these essential functions?
 Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

List languages in which you are fluent. _____

Please list any skills, licenses, certificates, experiences, training or qualifications that may be job-related or that you feel would be of value to this job or company.

EDUCATION

If your school records are under a different name than listed on page 1, please enter that name: _____

SCHOOL	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

SECURITY

Yes No Have you been convicted of a crime? If so, please describe in the boxes below. (You may omit convictions that have been sealed, expunged, or legally erased, and marijuana related offenses more than two years old). Conviction will not necessarily be a bar to employment; each case will be evaluated on its own facts and circumstances.

INCIDENT	CITY/STATE	DATE OF CONVICTION
1.		
2.		

PLEASE NOTE: Your application will not be considered unless every question in this section is answered.

PERSONAL INFORMATION

Yes No Have you ever applied to or worked for Canine Companions for Independence before?

If yes, when? _____

Yes No Do you have any friends or relatives working for Canine Companions for Independence?
If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Yes No If hired, would you have a reliable means of transportation to and from work?

Yes No Are you at least 18 years old? (If under 18, hire is subject to a valid work permit)

Yes No If hired, can you provide proof of your legal right to live and work in the United States?

Yes No Are you willing to relocate?

Yes No Have you ever been discharged or asked to resign from employment? If yes, please explain:

How did you hear about job opening? _____

PREVIOUS EMPLOYERS

Correct telephone numbers of past employers are critical.

FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER OR EMAIL ADDRESS IS MANDATORY.

MOST RECENT EMPLOYER

Yes No May we contact?

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO: _____

DATE EMPLOYED _____ SUPERVISOR NAME _____

JOB TITLE _____

DUTIES _____

SALARY _____ PER _____

(HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

Yes No May we contact?

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO: _____

DATE EMPLOYED _____ SUPERVISOR NAME _____

JOB TITLE _____

DUTIES _____

SALARY _____ PER _____

(HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

Yes No May we contact?

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO: _____

DATE EMPLOYED _____ SUPERVISOR NAME _____

JOB TITLE _____

DUTIES _____

SALARY _____ PER _____

(HOUR, WEEK, MONTH) REASON FOR LEAVING _____

REFERENCES

Include only individuals familiar with your work ability. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

CERTIFICATION AND RELEASE

Please Read Carefully and Sign Below

_____ I hereby certify that the facts contained in this application are true and complete to the best of my knowledge. I further certify that I 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 Canine Companions for Independence (CCI) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any information related to my work records, without giving me prior notice of such disclosure. I hereby release CCI, 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 CCI and me. In addition, I understand and agree that if I am employed, my employment is "at will," which means that it may be terminated at any time, with or without prior notice, and with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on CCI unless made in writing and signed by me and CCI's Chief Executive Officer.

_____ If hired, I agree to read and comply with all of CCI's policies. I further understand that if employed, upon the separation of my employment, I will be required to return all CCI property in my possession.

_____ I acknowledge I have read, understood, and agreed to the above statements, and certify under penalty of perjury that this application is true and correct.

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.

Applicant's Signature

Date