



Our mission is to protect, foster, develop and advance the rights and interests of people with developmental disabilities.
www.valleyvillage.org

20830 Sherman Way
Winnetka, CA 91306
TEL 818.587.9450
FAX 818.587.9184
TAX ID # 23-7314159

EMPLOYMENT APPLICATION

It is the policy of Valley Village to recruit, hire and promote for all positions on the basis of merit, qualification and competence. No aspect of employment will be influenced by race, color, national origin, religion, ancestry, citizenship, marital status, medical condition, sex, sexual orientation, pregnancy, age, physical/mental disability or any other characteristics protected by applicable state or federal civil rights laws. All employment decisions will be made solely upon the basis of the individual's qualifications as related to the requirements of the position being filed.

PERSONAL DATA (PLEASE PRINT)			
Full Name (Last, First, Middle)			Date
Street Address		City, State, Zip Code	
Social Security Number	Daytime Phone Number	Alternate Phone Number	
Email Address			
Have you ever used another name which employment may be verified? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)		If hired, can you present evidence of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years of age? (Proof of age and work permits may be required prior to hiring). <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been employed by Valley Village? If yes , please list position, location and dates. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name any relatives and/or friends currently or previously employed by Valley Village?		How were you referred to Valley Village?	

WORK PREFERENCE								
What position are you applying for?				Salary Desired: \$ _____			Date available for employment:	
Are you available to work : (Check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Available to Work Indicate days/hours Start	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	End							
Are you able to perform the essential functions of the job you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please describe what type (s) of reasonable accommodations needed:								
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please list dates and explain:								
Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN (1) a marijuana-related conviction that occurred more than two years ago; (2) an offense for which was referred to, and participated in, any pre-trial or post-trial diversion program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please state the conviction, the county and state, and the nature of the offense: _____ _____								
NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.								

EDUCATION

	Name and Address of School	Graduated		Number of Years Completed	Course of Study	Diploma/Degree
		Yes	No			
High School						
College						
Business/Trade School						
Other						

SKILLS

Type: Yes No _____ WPM 10-key: Yes No _____ WPM

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for the position you are applying for? (i.e. language skills, computer skills). Please list below.

U.S MILITARY SERVICE

Service Branch:	Initial Rank:	Final Rank:
Specialty:	Special Training Received:	Discharge Date:

WORK EXPERIENCE List all of your jobs in the past ten years. *Begin with your present or most recent employer and must be completed even if supplemented by a resume.*

Company Name:	Telephone :
Address:	Dates of Employment: From:_____ To:_____
Supervisor's Name and Title:	Reason for Leaving:
Your Job Title and Job Duties:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	Telephone:
Address:	Dates of Employment: From:_____ To:_____
Supervisor's Name and Title:	Reason for Leaving:
Your Job Title and Job Duties:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:	Telephone:
Address:	Dates of Employment: From: _____ To: _____
Supervisor's Name and Title:	Reason for Leaving:
Your Job Title and Duties:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please identify and explain all periods of employment gaps during the last ten years:		
From:	To:	Reason of Unemployment:

PROFESSIONAL REFERENCE (Do not include relatives or personal friends)			
Name	Company/Occupation	Phone Number	Yrs. Acquainted

EMERGENCY CONTACT				
Name	Address	City, State, Zip Code	Relationship	Telephone

I certify that I have been informed of the duties of the position for which I am applying and that the information on the application is correct and complete to the best of my knowledge. I agree to have any of the statements checked by the company unless I have indicated to the contrary. However, I understand that falsification or omission of any material information on this application, or failure to pass the physical examination and background check, if I receive a job offer it may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the company.

I hereby acknowledge that my employment is "at will", that I may resign at any time and the employer may terminate my employment at any time, with or without cause, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the Executive Director and/or Human Resource Department of the employer.

Signature of Applicant: _____ Date: _____