



## APPLICATION FOR EMPLOYMENT

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*Thank you for your interest in the Sacramento Children's Home.* The job specifications for each position vacancy are located in the Human Resources Department for your review and are also available on our website at [www.kidshome.org](http://www.kidshome.org). Please ensure that you meet the minimum requirements of the job so your application may be processed expediently.

Please indicate the title of the position you are applying for. Only completed applications for open positions will be accepted as long as the minimum requirements of the position are met. If you have a resume, please include it with your application. You will be contacted by phone if you meet the qualifications of the job and the hiring manager wishes to schedule an interview. Our managers prefer you do not contact them directly regarding vacancies unless you have been selected for an interview.

- ◆ Positions may require a good DMV record.
- ◆ Positions may require a valid California Driver License.
- ◆ Positions may require that you be at least 21 years of age.
- ◆ Positions may require that you have personal auto insurance.
- ◆ All positions require that you have a high school diploma or GED.
- ◆ All applicants can not begin work until clearances have been received for all pre-employment requirements.
- ◆ All job offers are contingent upon clearance of all pre-employment requirements which includes; fingerprint criminal records check, employment history and education verification, DMV records, drug test, physical exam, and TB test.

**Please note: As part of the employment process you will be required to complete a Criminal Records Statement from the CA Dept of Social Services, CCL Division -form LIC 508 (1/03). Do not disclose any misdemeanor marijuana-related conviction that is more than 2 years old. However, any felony marijuana-related conviction must be disclosed, regardless of time.**

**Residential Counselor positions** require availability to attend weekly meetings every Wednesday and availability to work nights, weekends and holidays. This is a requirement of the position and thus no exceptions can be made.

There may be other requirements for positions that you will find on the job announcement, our website, and/or on the job description.

*Thank you again for your interest in the Sacramento Children's Home.*

# Residential Counselor Applicants

Dear Applicant,

Thank you for your interest in the Sacramento Children's Home. Please respond to the following minimum requirements only if you are applying for a Residential Counselor position on campus or in the Group Homes:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. You must be available <u>every</u> Wednesday for team meetings. <u>No exceptions</u> . You must be available evenings and weekends and available for on-call shifts. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. You must be 21 years of age or older and have a high school diploma or GED.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. You may be required to drive your personal auto on agency business.  |                          |                          |
| A. Do you have a vehicle?   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you have the minimum amount of auto insurance prescribed by state law (\$15/30,000 bodily injury & \$5,000 property damage)?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

**If answer is no to questions 1 or 2 of the above STOP HERE. You do not meet the minimum requirements. If you answered yes, please finish completing this form.**

I am not available to work the following hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

My current school schedule is:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

*I verify that the above information is true and correct.*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**Completed Form 508 (attached) must be submitted with application. Fingerprints required upon hire. Please complete the entire application.** Any missing information will cause your application to be rejected. **Provide all names, addresses and dates of employment where required.** If your application has been selected for an interview, you will be notified by phone. PLEASE DO NOT CALL.



# Application For Employment

## PERSONAL INFORMATION

Last Name		First Name		Middle	Date
Street Address					Home Telephone ( )
City, State, Zip					Business Telephone ( )
Email Address					If referred by current employee of SCH, indicate name of the employee.
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to either question, state when and where you applied and/ worked? _____			How did you learn about our company/position?		
Position Desired:					Pay Desired:
Are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary or summer employment					When will you be available to begin work? _____
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## EDUCATION

School	Name and Address of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
High School					
College or University					
Graduate School					
Other					

Special Skills and Training \_\_\_\_\_

Use this space below to describe why you are interested in working for the Sacramento Children's Home and to list those skills and abilities that you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet. \_\_\_\_\_

## EMPLOYMENT HISTORY

PLEASE LIST YOUR LAST THREE EMPLOYERS, STARTING WITH PRESENT. PLEASE ATTACH YOUR RESUME IF ADDITIONAL POSITIONS WERE HELD.

Company Name:	Telephone Number: (    )
Address:	Dates of Employment (State Month and Year): From ____ To ____ Hrs per wk: ____
Name and Title of Last Supervisor:	Salary: \$ ____ per ____
State Job Title and Describe Your Work:	
Reason for Leaving:	May we contact this employer?

Company Name:	Telephone Number: (    )
Address:	Dates of Employment (State Month and Year): From ____ To ____ Hrs per wk: ____
Name and Title of Last Supervisor:	Salary: \$ ____ per ____
State Job Title and Describe Your Work:	
Reason for Leaving:	May we contact this employer?

Company Name:	Telephone Number: (    )
Address:	Dates of Employment (State Month and Year): From ____ To ____ Hrs per wk: ____
Name and Title of Last Supervisor:	Salary: \$ ____ per ____
State Job Title and Describe Your Work:	
Reason for Leaving:	May we contact this employer?

## EMPLOYMENT REFERENCES

GIVE THE NAMES OF THREE PERSONS WHO HAVE PREVIOUSLY SUPERVISED YOUR WORK.

Name	Address	Phone Number	Years Acquainted
		(    )	
		(    )	
		(    )	

### APPLICANT SIGNATURE:

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization acknowledges such change in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California? .....  YES  NO  
 Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? .....  YES  NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

<b>I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.</b>			
FACILITY NAME		FACILITY NUMBER	
Sacramento Children's Home			
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SIGNATURE		DATE	

**I. Instructions to Respondents:**

If you have been convicted of a crime in California or from another state or in federal court, provide the following information:

What was the offense? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In which state and city did you commit the offense? \_\_\_\_\_

\_\_\_\_\_

When did this occur? \_\_\_\_\_

Tell us what happened. (Use additional sheets of paper if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**II. Instructions to Licensees:**

If the person discloses a criminal conviction, review the person’s statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person’s SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present in, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, and 1596.871.) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**NOTE: IMPORTANT INFORMATION**

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of the facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.