

GOOD SAMARITAN SHELTER

Administration Office
245 E. Inger Drive, Suite 103-B
Santa Maria, California 93454

Phone: (805) 346-8185 E-Mail: smeagher@goodsamaritanshelter.org
An equal opportunity employer



APPLICATION FOR EMPLOYMENT

Thank you for applying for employment with

**GOOD SAMARITAN SHELTER,
a non-profit, Equal Opportunity agency**

Our application process may include the following:

- 1. A completed application**
- 2. A résumé**
- 3. Interviews**
- 4. Supplemental application**
- 5. Background Check**
- 6. Driving Record Check**
- 7. Criminal Record Check**
- 8. Physical/Drug Screen**
- 9. Proof of current TB test**
- 10. CPR/First Aid Certification**

The GOOD SAMARITAN SHELTER application process may require inquiry about academic history, certification, licensing, past employment, criminal history, Meghan's database, public record, or other areas applicants may generally consider private or public. Please be aware this information is necessary for GOOD SAMARITAN SHELTER to properly evaluate a candidate for employment with our agency.

If an applicant has successfully passed the initial screening and interview/testing process and is being considered for employment, further information will be gathered prior to commencement of the background/reference check process. At that time, a qualified candidate will be required to provide appropriate information. Upon hire, you will be required to provide documents as proof of eligibility to work in the United States.

Position Desired: _____ [] Part time [] Full time

Name _____
 (Print) Last First Middle

Residence: _____ Telephone No. _____
 Street and Number City State Zip Code

Are you under 18 years of age [] Yes [] No

If yes, do you currently have a work permit [] Yes [] No

Were you previously employed by us? [] Yes [] No If yes, when? _____

How did you hear of us? _____

Do you have any family members or relatives who work at Good Samaritan? [] Yes [] No

If yes, list name and relationship _____

The hire of relatives of present employees is subject to the provisions of Good Samaritan Shelter's Nepotism Policy.

If your application is considered favorably, what date will you be able to begin? _____

Do you have adequate transportation to and from work? [] Yes [] No

EDUCATION

SCHOOL	YEARS COMPLETED	DIPLOMA/DEGREE	DESCRIBE COURSE OF STUDY/MAJOR
High School:	(Circle) 9 10 11 12		
College University:	1 2 3 4		
Graduate or Professional:	1 2 3 4		
Trade or Correspondence:			
Other:			

REFERENCES

Please list persons who you know well - *not* previous employers, supervisors or relatives

NAME	OCCUPATION	ADDRESS (street, city, & state)	TELEPHONE NUMBER

EMPLOYMENT RECORD

List most current or last position first

DATES	COMPANY	DETAILED JOB DESCRIPTION
From (Mo/Yr) To (Mo/Yr) Reason for leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ Phone: _____ City: _____ Supervisor: _____ Title: _____	Title: Job Duties:
From (Mo/Yr) To (Mo/Yr) Reason for leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ Phone: _____ City: _____ Supervisor: _____ Title: _____	Title: Job Duties:
From (Mo/Yr) To (Mo/Yr) Reason for leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ Phone: _____ City: _____ Supervisor: _____ Title: _____	Title: Job Duties:

Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain circumstances: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

Any supplemental information gathered prior to or during this process is considered a continuation of this application and subject to the following:

_____ 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, any supplemental information document, 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 GOOD SAMARITAN SHELTER, 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 the company 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 GOOD SAMARITAN SHELTER, 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.

_____ **GOOD SAMARITAN SHELTER is at-will employer: Employment status is at-will and may be terminated with or without cause or notice by GOOD SAMARITAN SHELTER or the employee.** 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 GOOD SAMARITAN SHELTER. 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 GOOD SAMARITAN SHELTER, and that no promises or representations contrary to the foregoing are binding on GOOD SAMARITAN SHELTER unless made in writing and signed by me and GOOD SAMARITAN SHELTER'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.

Applicant Signature

Date

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT BEYOND THAT TIME FRAME, A NEW APPLICATION MUST BE COMPLETED OR THIS APPLICATION MUST BE AUTHORIZED TO REMAIN ON FILE UP TO ONE HUNDRED TWENTY (120) DAYS.

Applicant Equal Employment Opportunity Data

To be completed by applicant:

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. **Completion of this form is entirely VOLUNTARY. YOU DO NOT HAVE TO PROVIDE THE INFORMATION BELOW.** All information will remain confidential and will not affect your application for employment or subject you to any adverse treatment.

It will not become part of your personnel record if you are hired by this company and will only be used as required by law. When reported, data will not identify any specific individual.

Name: _____

Sex: Male [] Female [] Prefer not to answer []

Race/Ethnicity (Definitions are on the next page as provided by the federal Equal Employment Opportunity Commission):

- Asian
- Black or African-American
- Hispanic or Latino
- Native American or Alaskan Native
- Native Hawaiian or other Pacific Islander
- White (Not Hispanic or Latino)
- Two or More Races
- Prefer not to answer

Equal Employment Opportunity Data

Definitions of the EEO-1 race and ethnicity categories are as follows:

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African-American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native American or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.