

Employment Application
Mountain View Child Care, Inc.

Totally Kids Specialty Healthcare- Loma Linda 1720 Mountain View Avenue Loma Linda, CA 92354
 Totally Kids Specialty Healthcare- Sun Valley 10716 La Tuna Canyon Road, Sun Valley, CA 91352

Phone (909) 796-6915 Fax (909) 799-6205
 Phone (818) 252-5863 Fax (818) 252-6450

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, sexual orientation or any other reason prohibited by law.

Position Applied For: _____ **Date:** _____

Facility Desired: Totally Kids Circlebrook Care Homes KidShip No Preference

Type of Employment Seeking: Regular Temporary Either Full Time Part Time Either
 AM PM NOC Any

How did you hear of our job opportunities? Newspaper Internet Professional Publication Job Fair
 Walk In Phone In Employee Referral (Please specify): _____ Other _____

Name: _____
 (LAST) (FIRST) (M.I.)

Social Security: _____ **Telephone Number:** (_____) _____

Current Address: _____
 STREET ADDRESS CITY/STATE/ZIP

E-Mail: _____

Are you at least 18 years old? Yes No
 Can you, if offered employment, submit proof of your legal right to work in the United States? Yes No

Have you ever been convicted of or pled guilty to any misdemeanor/felony offense other than a minor traffic violation? Yes No

Have you been released from confinement following a conviction for any misdemeanor/felony offense within the past seven years? Yes No

Are you presently charged with any misdemeanor/felony violations of law? Yes No

If your response to any of the preceding three questions was "YES", give the date, place and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment; the nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement will all be considered.)

To the best of your knowledge, is there anything that would disqualify you from employment with our company (Information provided will not necessarily preclude you from employment, the nature of the information and it's relationship to the position applied for will be considered)? Yes No

Please specify: _____

Will you work overtime whenever scheduled or requested? Yes No
 Do you have adequate means of transportation to get to work on time each day and when called in on short notice? Yes No
 Are you able to lift at least 45 pounds? Yes No

Review the job description for the position for which you are applying.
 Do you meet the qualifications and have the ability to perform the essential functions of this job? Yes No

If "No" to any, please explain: _____
 Have you ever been discharged from a job or forced or asked to resign? Yes No

If so, explain: _____
 Have you ever been counseled, verbally or in writing, for violation of a prior employer's safety rules? If so, explain: _____

MILITARY SERVICE RECORD

The hiring and re-hiring of veterans will be conducted in accordance with applicable state and federal laws and regulations.

Are you now a member of a Reserve or National Guard unit? Yes No
 Were you in the U.S. Armed Forces? Yes No

If yes, what branch? _____ Initial Rank: _____ Final Rank: _____

Dates of Duty: From: _____ To: _____

**Mountain View Child Care, Inc.
Applicant Skills Questionnaire**

APPLICANT: The purpose of this questionnaire is to obtain more information about your training and work experience.

Name: _____ Position applying for: _____

All applicants:

Computer Skills: _____

Typing: Approximate WPM: _____

Do you speak/write any languages other than English? Yes No

If so, please indicate which language(s): _____ Speak Write Both
 _____ Speak Write Both

Clinical Applicants:

Current license or certification (please circle): RN LVN CNA RCP

If you have more than one of these during your medical career please indicate here: RN LVN CNA RCP

Please indicate length of experience in each category:

RN: _____ LVN: _____ CNA: _____ RCP: _____

Where did you receive your training? When did you qualify for this license or certification?

Type of License/Certification: _____	School/Training Site: _____	City/State: _____
Date Completed: _____	Date Licensed: _____	Exp. Date: _____
Type of License/Certification: _____	School/Training Site: _____	City/State: _____
Date Completed: _____	Date Licensed: _____	Exp. Date: _____
Type of License/Certification: _____	School/Training Site: _____	City/State: _____
Date Completed: _____	Date Licensed: _____	Exp. Date: _____
Type of License/Certification: _____	School/Training Site: _____	City/State: _____
Date Completed: _____	Date Licensed: _____	Exp. Date: _____
Type of License/Certification: _____	School/Training Site: _____	City/State: _____
Date Completed: _____	Date Licensed: _____	Exp. Date: _____
Type of License/Certification: _____	School/Training Site: _____	City/State: _____
Date Completed: _____	Date Licensed: _____	Exp. Date: _____

Has your licensing board ever taken disciplinary action or revoked your license? Yes No
 If so explain: _____

Prior to applying for this position, have you worked before with developmentally disabled residents? Yes No
 Prior to applying for this position, have you worked before with the pediatric population? Yes No

If yes, please indicate below.

	Where	Position	Length of Time	Dev. Disabled/Pediatrics
1.				<input type="checkbox"/> <input type="checkbox"/>
2.				<input type="checkbox"/> <input type="checkbox"/>
3.				<input type="checkbox"/> <input type="checkbox"/>

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EMPLOYMENT VERIFICATION

I authorize the below named employer to answer these questions regarding my employment with them. I hereby release said former employer from all liability for any damage whatsoever that may result from issuing this information.

Applicant Name (Print) Applicant Signature Date

Social Security Number

Name, address and telephone number of former employer: (one per page)

Phone (_____) _____ Fax (_____) _____

EMPLOYED: FROM: _____ TO: _____ POSITION: _____

Dear Employer,
The above named employee has applied for a position with our company, please verify the information below.

Is the above information accurate? Yes No
If no, please indicate correct information EMPLOYED: FROM: _____ TO: _____
POSITION: _____

	Excellent	Average	Fair	Needs Improvement
JOB KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligible for rehire?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Reason for leaving: _____

Completed By: _____

Signature Position Date

Thank you for your time and cooperation,

Mountain View Child Care Inc.

For Office Use Only:

Fax Mail Telephone

Completed By: _____
Human Resource Representative Signature Date

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	Excellent	Average	Fair	Needs Improvement
JOB KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligible for rehire?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

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For Office Use Only:

Fax Mail Telephone

Completed By: _____
Human Resource Representative Signature Date

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Applicant Identification Record

TO THE APPLICANT: The information requested on this form is required by the regulations of the Department of Fair Employment and Housing. The employers in the State of California are required to maintain these records for a period of two years. For your protection, the employers are ordered to store the records in a different location away from your application. This information is for data purposes only, and is voluntary on your part.

Name: _____ Sex: _____ Date: _____

Position Applied for: _____

Please Check One

Native American _____

African American _____

Asian _____

Caucasian _____

Hispanic* _____

Filipino _____

Polynesian _____

Mexican American _____

Other _____

Specify: _____

* Hispanic: Those individuals who originate from Mexico, Central and South American countries, Cuba and Puerto Rico.