



Human Resources ONLY

Route to:  
Interview Date:  
Identification Number (if existing): \_\_\_\_\_

Circle:  
Hire / Decline / Pending  
Date of Hire:

**Mailing Address:** P.O. Box 1199, Vista, CA 92085-1199  
**Phones:** (760) 630-4035 / FAX (760) 630-4030  
**Website:** www.newhavenyfs.org

## Employment Application

**Thank you for your interest in employment opportunities at New Haven!** In order to review your qualification and process your application, we need you to answer each question on this application, fully and accurately. Please **print** except for the signature section on page 4.

Position(s) applying for:			Date of Application:		
<b>PERSONAL INFORMATION</b>					
Last Name:		First:		Middle I.	Social Security Number: (This information is Voluntary until time of hire)
Home Phone: ( ) -		Message/Cell Phone: ( ) -		Email:	
Address (No. & Street):		City:	State:	Zip:	How long have you lived there? Years: Mos:
Address (No. & Street):		City:	State:	Zip:	How long have you lived there? Years: Mos:
<b>PREFERENCES (check all that apply)</b>					
Regular full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Regular part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		On-call or Temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Overnight work? <input type="checkbox"/> Yes <input type="checkbox"/> No		What days and hours are you available for work?		Are you available for work on weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applying for on-call work, during what period of time (dates) will you be available? From: To:		Would you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary desired:	
If hired, on what date can you start work?		<b>SPECIALIZED TRAINING</b>			
Have you ever received training in: <b>CPR</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date completed: _____		Do you have a professional license/certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of license/certification: License/certification number: Issuing state: Expiration Date:		Has your license/certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state reason(s), date of revocation or suspension and date of reinstatement:	
<b>First Aid</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date completed: _____		Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at New Haven Youth & Family Services, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain here:			
<b>PART / ProAct</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date completed: _____					
<b>Referral Source</b> (How did you hear about us?)		<input type="checkbox"/> Advertisement (please specify):		<input type="checkbox"/> School/College Referral:	
<input type="checkbox"/> Person who referred you:		<input type="checkbox"/> Internet (specify site, if known):		<input type="checkbox"/> Other:	

As an Equal Opportunity Employer – all applications will receive consideration for employment on the basis of their qualifications and without regard to race, color, religion, sex, age, sexual orientation, national origin, marital status, disability or any other legally protected basis. New Haven only hires individuals authorized to work in the United States.

**MISCELLANEOUS INFORMATION**

Why are you applying for work at New Haven Youth & Family Services, Inc.?

Have you ever applied to or worked for New Haven or **any other CA licensed** facility before?  
 Yes  No If yes, when?

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Have you ever used another name (Is any additional information relative to change of name, use of an assumed name, or nick-name necessary to enable a check on your work and education record)?  Yes  No If yes, please explain

1. Have you ever pled guilty or “no contest” to, or been convicted of a felony or misdemeanor? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)  
 Yes  No If yes, please give the date (s) and details.

List names of friends or relatives now employed by New Haven:

If hired, do you have adequate transportation to and from work?  Yes  No

Are you at least 18 years old?  Yes  No (All hires are subject to verification that you are of minimum legal age. Many of our positions require that you can drive, have age requirements to comply with licensing and/or insurance requirements. Please check with HR for eligibility.)

2. Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?

Are you able to satisfactorily perform the essential job duties of the position for which you are applying, either with or without reasonable accommodations? Most positions working with youth require the ability to do restraints and the ability to drive youth. A job description is available for your review in answering this question, if desired.  Yes  No  
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Note: “Yes” to these questions does not constitute an automatic bar to employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. Since we are a licensed facility, you must clear a thorough criminal history background investigation.

*If the position you are applying for requires driving, the following information regarding your driving record and/or insurability under our automobile liability policy will be evaluated AND may be a condition of hire. Evidence of insurance on your personal vehicle, if used for business, must also be maintained during your employment. Questions? Check with an HR representative..*

Do you possess a valid CA Driver’s license?  Yes  No  
 CA Driver’s License Number:

Has your driver’s license, in any state, ever been suspended or revoked?  Yes  No If yes, please explain:

**EDUCATION**

Check highest grade completed:  High School  GED College:  1  2  3  4 Graduate :  5  6  7  8

Type of School	Name and Location of School	Please answers specifics as to Degree/Area of Study/Units Completed
High School	Name:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City State	
College	Name:	Degree <input type="checkbox"/> Yes Type/Field: <input type="checkbox"/> No If no, units Completed:
	City State	
College	Name:	Degree <input type="checkbox"/> Yes Type/Field: <input type="checkbox"/> No If no, units Completed:
	City State	
College	Name:	Degree <input type="checkbox"/> Yes Type/Field: <input type="checkbox"/> No If no, units Completed:
	City State	
Other	Name:	Area (s) of Concentration:

**EMPLOYMENT HISTORY**

List below all present & past employment starting with your most recent employer. **Account for all periods of unemployment in the section provided below.**  
 Please complete all dates, addresses & requested information even if a resume is attached. **May we contact your current employer?**  Yes  No

Dates	Name & Address of Employer	Position Held and Supervisor	List Major Duties	Wages	Reason for Leaving
From: ____ / ____ / ____ Mo. Yr.	Name: _____ Address: _____ City _____ ST _____	Your Job Title: _____ Supervisor: _____ Phone: _____			
To: ____ / ____ / ____ Mo. Yr.	Name: _____ Address: _____ City _____ ST _____	Your Job Title: _____ Supervisor: _____ Phone: _____			
From: ____ / ____ / ____ Mo. Yr.	Name: _____ Address: _____ City _____ ST _____	Your Job Title: _____ Supervisor: _____ Phone: _____			
To: ____ / ____ / ____ Mo. Yr.	Name: _____ Address: _____ City _____ ST _____	Your Job Title: _____ Supervisor: _____ Phone: _____			
From: ____ / ____ / ____ Mo. Yr.	Name: _____ Address: _____ City _____ ST _____	Your Job Title: _____ Supervisor: _____ Phone: _____			
To: ____ / ____ / ____ Mo. Yr.	Name: _____ Address: _____ City _____ ST _____	Your Job Title: _____ Supervisor: _____ Phone: _____			

**Person to Contact in Case of Emergency**

This information is to facilitate contact in the event of any emergency and is not used in the selection process.

Full Name: _____	Phone: _____	Alt. Phone: _____	Relationship to You? _____
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**References**

List below three persons **not related** to you who have knowledge of your work history and/or skills.

Name:	Address:	Phone (including area code):	How Known:
		( ) - , ext.	
		( ) - , ext.	
		( ) - , ext.	

**This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.**



**New Haven Youth and Family Services, Inc. (AKA New Haven) - Applicant's Statement and Agreement**

**Please Read Carefully, Initial Each Paragraph and Sign Below.**

Initials	I hereby certify that I have <b>not</b> knowingly <b>withheld any information</b> that might adversely affect my chances for employment and that the answers given by me on this application or any other documents completed in connection with my employment, are <b>true and correct</b> to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that if I am employed and any information provided to New Haven is found to be false or incomplete in any respect, this will be grounds for rejection of this application or, if hired, may be cause for dismissal, regardless of the time elapsed before discovery.
Initials	I understand that <b>New Haven may contact</b> my previous <b>employers</b> and <b>verify my work record</b> , education, references, and other information pertinent to my employment with them. I hereby authorize New Haven <b>and all references</b> I have listed to disclose to the company any and all letters, reports and other information related to my work records (including performance and discipline histories), without giving me prior notice of such disclosure. I hereby release the company, their agents, my former employers and all other persons, corporations, partnerships and associations from any and all claims for defamation, slander, libel, negligent or fraudulent misrepresentation, and invasion of privacy, demands, damages, or liabilities that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.
Initials	If hired, I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment is intended to create an employment contract between me and the company. I understand and agree that if I am employed, my employment and compensation is <b>terminable-at-will</b> , is for no definite period and my employment and compensation may be terminated by either New Haven or me at any time, with or without prior notice, at the option of either myself or the company, with or without good cause. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the CEO of New Haven. No supervisor or representative, other than the CEO, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.
Initials	Pursuant to Section 290 of the Penal Code and the amended Education Code, you must disclose if you are, or are required to register as, a sex offender. Your initial here indicates that you declare, <i>under penalty or perjury</i> , that you are not a sex offender nor are you required to register as a sex offender.
Initials	I understand that <b>New Haven may obtain Public Records</b> (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) about me as part of a background investigation. If I am not hired as a result of such information, I am entitled to a copy of any such records whether or not I have initialed the box mentioned hereafter. <b>I hereby request a copy of any public record report obtained on me during the application/hiring process. ( ) initials</b>
Initials	In the event of my employment to a position at New Haven, I <b>will comply</b> with of New <b>Haven's rules and regulations</b> . I understand that New Haven reserves the right to require me to submit to a test for the presence of <b>drugs</b> in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the <b>passing of a physical examination</b> and state required <b>TB testing</b> . I may request a HEP B vaccination, if providing direct care to youth. I consent to the disclosure of the results of any physical examination and related tests to the Company. I understand that an <b>acceptable DMV report</b> from California may be required as a condition of hire AND that I will <b>maintain CURRENT AUTOMOBILE</b> collision and liability coverage, if designated as a <b>DRIVER</b> for New Haven. If it is, I will be so advised either before or after hiring. I authorize New Haven to obtain all <b>fingerprint clearances</b> as required by New Haven and in compliance with state licensing requirements for this Facility, whether obtained directly or through a third party representative. I also understand that I may be required to take other tests such as personality and honesty test, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, or fail to successfully complete these tests or clearances, my application for employment may be rejected or my employment may be terminated.
Initials	I understand that New Haven may require me to <b>obtain specific training</b> as required by the State of California if I am employed in any position directly or indirectly associated with the Residential and/or Non-Public School Programs at New Haven. This training includes, but is not limited to: ProAct (a physical intervention procedure) – renewable every 2 years, First Aid – renewable every 3 years, Medication Training, Orientation Training, Shadow Shift Training, and other ongoing monthly trainings as required by Community Care Licensing and/or New Haven. I understand that New Haven may provide said required trainings; however, I understand that I am responsible for attending all trainings within timeframes required and scheduling renewal certifications while employed, even at my own expense, if necessary, to comply. I understand that possession of my certifications, paid by New Haven, will not be released to me for personal use until successful completion of a 90 day period following completion of said training. I am also aware that failure to successfully complete any required training initially, monthly and at renewal periods thereafter will result in being placed on an unpaid status and/or possible termination of my employment.

New Haven is a regulated by Community Care Licensing and classified as a Level 12 Facility, meaning that we work with treating challenging youth who may sometimes display potentially aggressive behaviors. Many public areas of our property, on campus and in our residential facilities, are under video surveillance that is recorded and subject to monitoring 24/7. Note that, at time of hire, you will be asked to sign additional documentation required by licensing or regarding New Haven employment policies/conditions. **IF YOU HAVE ANY QUESTION REGARDING THIS STATEMENT, PLEASE ASK A NEW HAVEN REPRESENTATIVE BEFORE SIGNING.** I hereby acknowledge that I have read the above statements and understand the same.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_