



851 S. A Street  
 Oxnard, CA 93030  
 Tel. 805.385.7244  
 Fax 805.385.7246  
 Email: info@amongfriends.org

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

Name:			Date:
Address:		City:	Zip:
Home Phone No:	Cell Phone No:	Email:	SSN:
How did you learn of the position available? <input type="checkbox"/> Among Friends Website <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Cal Jobs <input type="checkbox"/> Other: _____			Were you referred to us by anyone? If so, Who?
Have you ever been convicted of a felony?			
If yes, what was the charge? _____			
Are you currently employed?		May we contact your present employer?	
Are you legally eligible for employment in the U.S.A.?			

### EMPLOYMENT DESIRED

Position Desired:	Available schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Available beginning:	Salary Desired:
Have you ever applied for our company before? If yes, when?	
Do you have any friends or relatives working for our company?	If yes, list name and relationship?

### EDUCATION

SCHOOL	NAME & LOCATION	GRADUATED		MAJOR SUBJECTS
		Yes	No	
College/University				
High School				
Other (specify)				
Other (specify)				

### OTHER INFORMATION

List any special skills that make you especially suited to work at our company (e.g. languages, comp skills, technical skills, etc):
Special training / Licenses / Accreditation:
List any organizational involvement such as clubs, hobbies, activities (civil, athletic, etc.):



851 S. A Street  
 Oxnard, CA 93030  
 Tel. 805.385.7244  
 Fax 805.385.7246  
 Email: info@amongfriends.org

### EMPLOYMENT INFORMATION

**Please include all employment information for the last 10 years beginning with most recent employer**

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:	Specific Duties:		
Your Title:	Telephone:	Supervisor Name:	
Reason for leaving:	Starting Salary:	From Date:	To Date:
	Ending Salary:		

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:	Specific Duties:		
Your Title:	Telephone:	Supervisor Name:	
Reason for leaving:	Starting Salary:	From Date:	To Date:
	Ending Salary:		

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:	Specific Duties:		
Your Title:	Telephone:	Supervisor Name:	
Reason for leaving:	Starting Salary:	From Date:	To Date:
	Ending Salary:		

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:	Specific Duties:		
Your Title:	Telephone:	Supervisor Name:	
Reason for leaving:	Starting Salary:	From Date:	To Date:
	Ending Salary:		

### UNEMPLOYMENT HISTORY

Please account for all times of unemployment during the last 10 years after completing school by listing, both the exact periods of time & the corresponding reasons for unemployment. Please do not include periods of unemployment of one month or less.


### PROFESSIONAL REFERENCES

List below (3) three persons not related to you from either a business or academic setting, who has knowledge of your prior performance abilities within the last 3 years.

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER	YRS ACQUAINTED



851 S. A Street  
 Oxnard, CA 93030  
 Tel. 805.385.7244  
 Fax 805.385.7246  
 Email: info@amongfriends.org

License Information		
License / Certificate Name:	License / Cert #:	State Issued:
If your license / certificate has ever lapsed, been revoked or suspended, please explain:		

Attendance History		
Is there any reason you would not be able to fully conform to all attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		

**IN CASE OF EMERGENCY, NOTIFY:**

NAME	RELATIONSHIP
ADDRESS	CITY
	ZIP
PRIMARY PHONE	SECONDARY PHONE

**BACKGROUND CHECKS: AMONG FRIENDS IS CONCERNED ABOUT VIOLENCE IN THE WORKPLACE, FALSIFIED EMPLOYMENT APPLICATIONS, AND EMPLOYEE THEFT. WE WILL CONDUCT A FULL BACKGROUND CHECK ON ALL CANDIDATES FOR EMPLOYMENT. PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM.**

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS AT WILL AND FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYEE & EMPLOYER, BE TERMINATED AT ANY PREVIOUS NOTICE.**

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE:



851 S. A Street
Oxnard, CA 93030
Tel. 805.385.7244
Fax 805.385.7246
Email: info@amongfriends.org

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Among Friends ADHC ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from KROLL BACKGROUND AMERICA, INC. ("Kroll").

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_
Street /P. O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_
Street /P. O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: [ ] NO [ ]

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request.

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Company ID: HTH479D

Copyright © 2007 Kroll Background America, Inc. All Rights Reserved.

