

# PEOPLE SERVICES, INC.

## Proudly Serving the Community

F. Ilene Dumont  
*Executive Director*

### NOTICE TO ALL APPLICANTS:

In compliance with both California and Federal law, People Services, Inc. must test all employees who either operate or perform safety-sensitive functions on commercial motor vehicles owned, operated, and leased or under the direction of People Services, Inc., for controlled substances and alcohol.

Safety-sensitive functions include any position providing complete supervision for clientele served and / or transporting them for any reason.

All employees must be drug free to be employed full time or part time.

A pre-employment drug test will be necessary before your employment begins. You will be presented with the People Services, Inc. alcohol use and controlled substance abuse policy and related materials before testing. **Ask for these documents. Medical Marijuana cards are not considered an exception.**

When you apply for work with People Services, Inc. and have a pre-employment drug test that comes in positive and you wish to appeal it you may, but:

You as the applicant need to know the results are out of our control and that you may appeal with the testing agency **AT YOUR OWN EXPENSE OR** seek employment elsewhere. The cost of this is the applicant's responsibility.

Before you appeal, you need to sign the attached form indicating that you understood you must pay for the expense of the appeal at the time directly to Schlim, McCabe and Associates.

**PSI DOES NOT PAY FOR APPEALS, NOR DO WE PAY FOR FOLLOW UP ON ANY POSITIVE DRUG TEST. YOU MUST PAY DIRECT. PSI IS NOT RESPONSIBLE.**

**IN ADDITION:** All applicants must pass a pre-employment fingerprint clearance by DOJ and FBI. The applicant is responsible for paying a Twenty-Five Dollar fee (\$25.00) at their fingerprint appointment, which is reimbursable after 30 days of active employment.

**IN ADDITION:** All applicants for Licensed Facilities, or those that will be assigned to Licensed Facilities, will be required to have a TB test prior to employment. The initial test will be paid by People Services, Inc. **All follow-up medical costs/testing costs due to a positive result will be the responsibility of the applicant.**

- 4195 Lakeshore Boulevard. Lakeport, California 95453 ● Telephone (707) 263-3810, FAX (707) 263-0552
- 870 Eleventh Street. Lakeport, California 95453 ● Telephone (707) 263-7714, FAX (707) 263-0380
- 14560 Lakeshore Drive. Clearlake, California 95422 ● Telephone (707) 994-1560, FAX (707) 994-5450

## APPLICATION FOR EMPLOYMENT

**PEOPLE SERVICES, INC.**  
4195 LAKESHORE BLVD.  
LAKEPORT, CA. 95453

This Company is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to race, ancestry, marital status, sex, gender, gender identity, gender expression, transgender status, color, religion, age, military or veteran status, national origin, medical condition, physical or mental disability, actual or perceived sexual orientation, HIV status or any other characteristic protected by law.

Personal			
Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone #
Address			Business or Message #
Position Applied For		Referred By	Salary Desired
Have you ever been interviewed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & locations(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & locations(s)	
Do you have any relatives employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & locations(s)	
Are you at least 18 years old?		If under 18, do you have a work permit?	

### Education

Circle the highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies				

School	Address	Major Studies	Degree, Diploma License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			
Do You Type? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, WPM:	
Computer Skills (Hardware/Software)			

## Employment History

List all employment for the **past 10 years**, starting with the most recent position.

All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

## General

Yes

No

\_\_\_\_\_

\_\_\_\_\_

May we contact your current employer for references?

\_\_\_\_\_

\_\_\_\_\_

May we contact past employers?

\_\_\_\_\_

\_\_\_\_\_

If hired, will you be able to work overtime?

\_\_\_\_\_

\_\_\_\_\_

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Company, I shall be subject to dismissal, if any information that I have given or any part of the hiring process is false or misleading or if I have failed to give information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to search public records, including court records.

I understand that nothing in this employment application, granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has the authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
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.

<p><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></p>			
FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER <small>(SEE PRIVACY STATEMENT ON REVERSE SIDE)</small>	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

**1. Instructions to Respondents:**

If you have been convicted of a crime in California, 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 1788 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 at a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568, 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 pertaining your personal information maintained by the Department (Civil Code section 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 a licensed 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.

## Applicants Statement

People Services, Inc. is an equal opportunity employer, and selects the best matched individual for the job based upon related qualifications, experiences, etc. regardless of race, color, creed, sex, national origin or age.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my result in refusal of, or if employed, termination from employment.
2. It is my understanding that P.S.I. will make a through investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any such information requested by P.S.I. and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this agency at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management, with approval of the Executive Director, at any time, I agree to submit to search of my person or of any locker, desk, etc. that may be assigned to me, for probable cause. (Occasionally, the agency may suspect an individual of using these areas for purposes other than their intended use. Therefore, anytime management has reason to suspect an employee is in possession of materials that do not belong to that person, or pose a threat to health and safety, it shall be the policy of P.S.I. to perform a search). I hereby waive all claims for damages on account of such examination, with the expectation that my personal property be treated respectfully. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with P.S.I.
3. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept this as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment and that no definite period of time and that P.S.I. can change wages, benefits and conditions at any time.

I have read and understood the above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date