PEOPLE SERVICES, INC.

Proudly Serving the Community

Dana Lewis

Executive Director

Welcome to People Services, Inc.!

Welcome to our Agency, People Services, Inc., where passion meets purpose! We strive to create a safe and rewarding space where your voice is heard, your contributions are valued, and your growth is endless. From fostering a culture of collaboration to providing opportunities for both personal and professional development, we're dedicated to nurturing a thriving environment where everyone feels empowered to reach their full potential. We're thrilled you're considering joining us on our mission to make a positive impact.

Moving Forward with Your Application

To ensure a smooth onboarding process, we kindly ask all applicants to meet the following pre-employment conditions before an offer of employment becomes official:

1. Pre-Employment Drug Test:

- People Services, Inc. follows federal and state regulations for pre-employment drug testing and are committed to maintaining a safe and drug-free workplace.
- You'll be informed about the specific type of tests used and provided with our Drug and Alcohol Policy before testing.
- As per California law, our drug testing policy does not discriminate against applicants based on lawful, offduty cannabis use.

2. <u>DOJ/FBI Fingerprint Clearance:</u>

- o To ensure the safety of our team and those we serve, we require a background check.
- O You'll be responsible for a \$25 fingerprinting fee payable at your appointment. However, we'll reimburse this fee after 30 days of employment, provided all pre-employment conditions are met.

3. <u>Tuberculosis Test (TB):</u>

 All applicants for licensed facilities, or those who may be assigned to a licensed facility are required to take a TB test. The fee will be paid by the Agency, any further costs incurred are the responsibility of the applicant.

4. Clean DMV Driving Record:

- o For certain positions, maintaining a clean driving record is crucial.
- o We will verify your current DMV record to confirm a satisfactory driving history.

Meeting these conditions demonstrates your commitment to our Agency's values and helps us to maintain our positive and reliable team.

We appreciate your understanding and cooperation throughout the application process. If you have any questions or concerns, please don't hesitate to reach out to our Human Resources department.

Thank you for your interest in joining our team at People Services, Inc.!

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
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PEOPLE SERVICES, INC.

Employment Application

An Equal Opportunity E	mployer			
Date	Last Name	First	Name	Middle
Present Address				
No. & Street		City	State	Zip Code
Permanent Address (if dif	ferent from present address)			
No. & Street		City	State	Zip Code
Business Phone	Home Phone			
Employment Desired	1			
Position applying for:				
Are you applying for:	Regular full-time work?		Yes	☐ No
	Regular part-time work?		Yes	No
What days and hours ar	re you available for work?			
Are you available for wo	ork on weekends?		Yes	No
Would you be available	to work overtime, if necessary?		Yes	No
If hired, what date can	you start work?			
Personal Information	1			
How did you hear about	our Agency and this job opening	g?		
Have you ever applied t	o or worked for People Services,	, Inc. before?		No
If yes, when	?			
If hired, would you have	a reliable means of transportat	ion to and from work?.	Yes	No
-	s old? (If under 18, hire is subjec			No
	the essential functions of the jo			ut reasonable No
If no, describe the funct	ions that cannot be performed			

We are committed to providing equal employment opportunities to all qualified applicants, regardless of disability. We comply with the Americans with Disabilities Act (ADA) and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions of the job. We do not require a medical examination or disability-related inquiry before making an employment offer. We may conduct pre-employment tests that assess your ability to perform the essential job functions. If you have a disability and need accommodation to participate in the application process or perform the essential functions of the job, please let us know. We will work with you to find suitable accommodation.

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Education, Training, and Experience

School	Name and Address			No. of Years Completed	Did You Graduate?	Degree of Diploma
High School					Yes No	
	Name	State	Zip Code			
	Address					
	City					
College/ University					☐ Yes ☐ No	
•	Name	State	Zip Code			
	Address					
	City					
Vocational/ Business						
Dusiness	Name	State	Zip Code	-		
	Address					
	City					
Health Care Training						
• •	Name	State	Zip Code	-		
	Address					
	City					
	other experience, training, a for work at People Services		ns, or skills that	you feel make you	Yes	No
Are you licensed/	wing questions if you are ap certified for the job applied	for?		Yes	☐ No	
	ification number:					
	e/certification ever been re				Yes No	
If yes, state reas	sons(s), date or revocation	or suspens	sion, and date	of reinstatement.		

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer		Phone Number		
Type of Business		Your Supervisor's Name		
Address & Street		City	State	Zip Code
Dates of Employment:				
	From To			
Your Position and Duties	S			
Reason for Leaving				
May we contact this	employer for a reference?	Yes No		
Name of Employer		Phone Number		
Type of Business		Your Supervisor's Name		
Address & Street		City	State	Zip Code
		,		•
Dates of Employment:				
	From To			
Varia Danitian and Dutin	<u> </u>			
Your Position and Duties				
Reason for Leaving				
May we contact this	employer for a reference?	Yes No		
•	, ,			
Name of Employer		Phone Number		
Type of Business		Your Supervisor's Name		
Address & Street		City	State	Zip Code
Dates of Employment:				
Dates of Employment.	From To			
	10			
Your Position and Duties	<u> </u>			
Tour Position and Daties				
Reason for Leaving				
May we contact this	employer for a reference?	Yes No		

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Employment History, continued

Name of Employer	Phone Number		
Type of Business	Your Supervisor's Name		
Address & Street	City	State	Zip Code
Dates of Employment:	<u></u>		
From To			
Your Position and Duties			
Reason for Leaving			
May we contact this employer for a reference	ce? Yes No		
Name of Employer	Phone Number		
Type of Business	Your Supervisor's Name		
Address & Street	City	State	Zip Code
Dates of Employment:			
From To	<u>—</u>		
Your Position and Duties			
Reason for Leaving			
May we contact this employer for a reference	ce? Yes No		
Name of Employer	Phone Number		
Type of Business	Your Supervisor's Name		
			_
Address & Street	City	State	Zip Code
Dates of Employment:	<u></u>		
From To			
Your Position and Duties			
Reason for Leaving			
May we contact this employer for a reference	ce?Yes No		

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References

Occupation

List below three persons not related to you who have knowledge of your work performance within the last three years. First Name Last Name Phone Number Address & Street City State Zip Code Occupation No. of Years Acquainted First Name Last Name Phone Number Address & Street City State Zip Code Occupation No. of Years Acquainted First Name Last Name Phone Number Address & Street Zip Code City State

No. of Years Acquainted

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	I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials	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 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.
	To assess my suitability for this role People Services, Inc., in compliance with state and federal laws,
Initials	may conduct background checks including public records checks, government exclusion lists, contacting references, and verifying academic credentials. I understand my rights, to obtain, view, and contest information found using these methods by contacting the reporting agency(s).
	I understand that nothing contained in the application, or conveyed during any interview which
Initials	may be granted or during my employment, if hired, is intended to create an employment contract between me and the Agency. In addition, I understand and agree that if I am employed, my employmen 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 the Agency, and that no promises or representations contrary to the foregoing are binding on the agency unless made in writing and signed by me and the Agency's designated representative.
	In compliance with federal law, all persons hired will be required to verify identity and eligibility to
Initials	work in the United States and to complete the required employment eligibility verification document form upon hire.
	The core responsibilities of most roles primarily involve a standard schedule. However, depending on
Initials	the specific role and departmental needs, some positions may require occasional flexibility in terms of overtime, shift work, or a rotating schedule. We will inform you of any such requirements specific to the role you are interviewing for.
	I understand and accept these conditions.
	Date Applicant's Signature
	Date Applicant 3 Signature

Please Read Carefully, Initial Each Paragraph and Sign Below

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