

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, off-duty cannabis use.
2. DOJ/FBI Fingerprint Clearance:
 - To ensure the safety of our team and those we serve, we require a background check.
 - 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. Tuberculosis Test (TB):
 - 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:
 - For certain positions, maintaining a clean driving record is crucial.
 - 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
- ❑ 14560 Lakeshore Drive, Clearlake, California 95422 ☐ Telephone (707) 994-1560, FAX (707) 994-5450

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did You Graduate?	Degree of Diploma
High School	Name _____ State _____ Zip Code _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____			

College/ University	Name _____ State _____ Zip Code _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____			

Vocational/ Business	Name _____ State _____ Zip Code _____			
	Address _____			
	City _____			

Health Care Training	Name _____ State _____ Zip Code _____			
	Address _____			
	City _____			

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at People Services, Inc.?

Yes No

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of License/certification: _____

License certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reasons(s), date of revocation or suspension, and date of reinstatement.

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.

<p>Name of Employer</p> <hr/>	<p>Phone Number</p> <hr/>		
<p>Type of Business</p> <hr/>	<p>Your Supervisor's Name</p> <hr/>		
<p>Address & Street</p> <hr/>	<p>City</p> <hr/>	<p>State</p> <hr/>	<p>Zip Code</p> <hr/>
<p>Dates of Employment:</p> <p>From _____ To _____</p>			

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

<p>Name of Employer</p> <hr/>	<p>Phone Number</p> <hr/>		
<p>Type of Business</p> <hr/>	<p>Your Supervisor's Name</p> <hr/>		
<p>Address & Street</p> <hr/>	<p>City</p> <hr/>	<p>State</p> <hr/>	<p>Zip Code</p> <hr/>
<p>Dates of Employment:</p> <p>From _____ To _____</p>			

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

<p>Name of Employer</p> <hr/>	<p>Phone Number</p> <hr/>		
<p>Type of Business</p> <hr/>	<p>Your Supervisor's Name</p> <hr/>		
<p>Address & Street</p> <hr/>	<p>City</p> <hr/>	<p>State</p> <hr/>	<p>Zip Code</p> <hr/>
<p>Dates of Employment:</p> <p>From _____ To _____</p>			

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Employment History, continued

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

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

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:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

References

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
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Address & Street	City	State	Zip Code
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Occupation	No. of Years Acquainted
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First Name	Last Name	Phone Number
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Address & Street	City	State	Zip Code
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Occupation	No. of Years Acquainted
------------	-------------------------

First Name	Last Name	Phone Number
------------	-----------	--------------

Address & Street	City	State	Zip Code
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Occupation	No. of Years Acquainted
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Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my 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.

Initials

To assess my suitability for this role People Services, Inc., in compliance with state and federal laws, 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).

Initials

I understand that nothing contained in the application, or conveyed during any interview which 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 employment 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.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials

The core responsibilities of most roles primarily involve a standard schedule. However, depending on 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