



Indian Springs is an Equal Opportunity Employer

Employment Application

Please Print

Today's Date

Last Name

First Name

Middle

Street Address

City

State

Zip Code

(_____)_____
Phone

E-mail Address

Employment Desired

Position applying for: _____ Desired Wage/Salary: _____

Availability: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Evenings ☐ Weekends

Do you have any days or shifts when you are not available to work? _____

Personal Information

Have you ever applied to or worked for Indian Springs before? ☐ Yes ☐ No If yes, when? _____

Were you referred by an employee of Indian Springs? ☐ Yes ☐ No If yes, state the name: _____

Why are you applying for work at Indian Springs? _____

- | | | |
|---|------------------------------|-----------------------------|
| • If hired, would you have a reliable means of transportation to and from work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • In compliance with federal law, if hired, can you submit verification of your legal right to work in the US? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no, describe the functions that cannot be performed _____

(Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and to skill and agility tests.)

Employment History

List below all present and past employment starting with your most recent employer (last seven years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Name of Employer (Company name) (_____)_____
Phone Number

Type of Business Your Supervisor's Name

Address 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 (Company name) (_____)_____
Phone Number

Type of Business Your Supervisor's Name

Address 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 (Company name) (_____)_____
Phone Number

Type of Business Your Supervisor's Name

Address 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

Education, Training, and Experience

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

Please indicate any language skills, other than English, below:

Please list any special skills and training: _____

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
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 _____	City _____	State _____ Zip Code _____
Occupation _____	No. of Years Acquainted _____	

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

I hereby authorize *Indian Springs* to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

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 Company. 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 Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Date

Applicant's Signature



DISCLOSURE TO JOB APPLICANTS PURSUANT TO THE CALIFORNIA CONSUMER PRIVACY ACT (CCPA)

As part of your job application and the Company's evaluation of your candidacy, the Company collects, receives, maintains, and uses the following types of Personal Information about you for the business purposes identified for each category:

CATEGORY	EXAMPLES	BUSINESS PURPOSE
Personal Identifiers	Name, alias, postal or mailing address, email address, telephone number, social security number, driver's license or state identification card number, passport number	1. To comply with state and federal law and regulations requiring; employers to maintain certain records; 2. To evaluate your job application and candidacy for employment; 3. To obtain and verify background check and references; and 4. To communicate with you regarding your candidacy for employment.
Pre-Hire Information	Job application, resume, background check results, job interview notes, and candidate evaluation records	Same as above
Employment History	Information regarding prior job experience, positions held, names of prior supervisors, reference information, skills and when permitted by applicable law your salary history or expectations	Same as above
Education Information	Information from resumes regarding educational history; transcripts or records of degrees, vocational certifications, licenses obtained	Same as above

If you become employed by the Company, the Company will notify you of additional categories of Personal Information that it collects, receives, and maintains for business purposes.

By signing below, I acknowledge and confirm that I have received and read and understand this disclosure and I hereby authorize and consent to the Company's use of the personal information it collects, receives or maintains for the business purposes identified above.

Candidate's Signature

Date

Print Your Full Name