



Bill Wilson Center

Employment Application

An Equal Opportunity Employer

____ Date _____ Last Name _____ First Name _____ Middle _____

Present Address

____ Number and Street _____ City _____ State _____ Zip _____

(____) _____ - _____ (____) _____ - _____
Mobile/Cell Phone Home Phone/Other Contact Email

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Regular part-time work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temporary work, e.g., summer, holiday or project work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What days and hours are you available? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Would you be available to work on weekends, if necessary? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Salary desired: _____



Employment Application – Bill Wilson Center – Page 2

Personal Information

Do you currently possess a valid California Driver's License? Yes No

CDL #: _____

Most Bill Wilson Center positions require driving for business. Providing your Driver's License Number authorizes BWC's insurance company to determine insurability based on your DMV record.

Have you ever applied to or worked for Bill Wilson Center before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Bill Wilson Center? Yes No

If yes, state name(s) and relationship:

Name

Relationship

Why are you applying for work at Bill Wilson Center?

In accordance with Bill Wilson Center's duty to provide and maintain a workplace that is free of known hazards, we have adopted a policy to safeguard the health of our employees and their families, clients and the community at large from infectious diseases, such as COVID-19 that may be reduced by a vaccination. This policy complies with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and local health authorities as applicable. All applicants are required to receive the COVID-19 vaccination unless a Reasonable Accommodation is approved in accordance to the American with Disability Act (ADA).

Are you fully vaccinated for the COVID-19 Coronavirus? Yes No

If so, what is the date of your full vaccination? _____

If not, are you willing to be vaccinated against COVID-19 as a condition of employment? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Do you have the legal right to work and be employed in the U.S. (Proof of identity and legal authority to work in the U.S. is a condition of employment)? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a crime other than a traffic violation? Yes No

Note: Please exclude misdemeanor convictions of marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

Bill Wilson Center is required by State of California Community Care Licensing (CCL) to conduct pre-employment background checks. A conviction is not an automatic bar to employment. However, Bill Wilson Center is limited if the position applied for is under a licensed program and the licensing authority will not grant an exemption. Once a background check is conducted, Bill Wilson Center will evaluate and consider the nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for.

Employment Application – Bill Wilson Center – Page 3

Education, Training, and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Diploma or Certificate AND Major
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High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Many of our clients do not speak English. Do you speak, write or understand any foreign languages?

Yes No

If yes, which languages(s)? _____

Do you have any other experience, training, qualifications, or skills, which you feel make you especially suited for work at Bill Wilson Center? Yes No

If so, please explain:

Employment Application – Bill Wilson Center – Page 4

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: _____

Issuing State: _____

License/certification number _____

Has your license/certification ever been revoked or suspended?

Yes No

If yes, state reason(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). Account for all periods of unemployment. You **must** complete this section even if attaching a resume.

Name of Employer

(____)_____-_____
Telephone No.

Type of Business

Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment:

From

To

Position and Duties

Reason for leaving

May we contact this employer for a reference?

Yes No

Employment Application – Bill Wilson Center – Page 5

Employment History, continue

Name of Employer (____) _____ - _____
Telephone No.

Type of Business Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____
From To

Position and Duties

Reason for leaving

May we contact this employer for a reference? Yes No

Name of Employer (____) _____ - _____
Telephone No.

Type of Business Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____
From To

Position and Duties

Reason for leaving

May we contact this employer for a reference? Yes No

Employment Application – Bill Wilson Center – Page 6

Employment History, continue

Name of Employer (____) _____ - _____
Telephone No.

Type of Business Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____

Position and Duties

Reason for leaving

May we contact this employer for a reference? Yes No

Name of Employer (____) _____ - _____
Telephone No.

Type of Business Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____

Position and Duties

Reason for leaving

May we contact this employer for a reference? Yes No

Employment Application – Bill Wilson Center – Page 7

Military Services

Have you obtained any special skills or abilities as the result of service in the military? Yes No

References

List below three persons not related to you who have knowledge of your work performance within the last 3 years including current supervisor if applicable.

1.

First Name	Last Name	(____)	-	Telephone No.
Address & Street	City	State	Zip	
Occupation	No. of Years Acquainted	Email		

2.

First Name	Last Name	(____)	-	Telephone No.
Address & Street	City	State	Zip	
Occupation	No. of Years Acquainted	Email		

3.

First Name	Last Name	(____)	-	Telephone No.
Address & Street	City	State	Zip	
Occupation	No. of Years Acquainted	Email		

Employment Application – Bill Wilson Center – Page 8

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ 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.

_____ I hereby authorize Bill Wilson center to thoroughly investigate my references, work record, education and
Initials other matters related to my suitability for employment and, 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.

_____ I understand and agree that I may be required to take a physical examination, TB screen, provide proof
Initials of being fully vaccinated against COVID-19, undergo a criminal record, child abuse index and fingerprint
check as a condition of hiring and continued employment. I agree to consent to such test(s) and check(s)
at such time as determined by the agency and to release the agency, its directors, officers, agents and
employees from any claim arising in connection with the use of such test(s)/(checks).

Date

Applicant's Signature