

WATCH RESOURCES, INC.

12801 Cabezut Road, Sonora, CA 95370
(209) 533-0510 FAX (209) 533-0907
www.watchresources.org

Independence and community integration for people with intellectual disabilities

Application for Employment (An Equal Opportunity Employer)

WATCH Resources, Inc. operates a drug and alcohol free work place. All job applicants must pass a drug and alcohol screening prior to employment.

Please Print

1. Name: _____
Last First Middle

Residence
2. Address: _____
Number Street City/Zip

Mailing
3. Address: _____
No./P.O. Box City/Zip

4. Phone # 1: (____) ____ - ____ (Home or Cell) *circle one*

5. Phone #2 (____) ____ - ____ (Work or Cell) *circle one*

6. Driver's License - # and State: _____

7. List any previous names under which you have worked, gone to school or served in the Armed Force.

8. Are you currently employed?

Yes No

9. If yes, may we contact your current employer?

Yes No

10. Do you have you the legal right to work in the U.S.? If Yes, proof of U.S. residency will be required.

Yes No

All applicants must pass a fingerprint clearance and a criminal record statement before being hired.

A conviction record is not necessarily a bar to employment. Each case will be given individual consideration, based on job relatedness and must be approved by the Department of Social Services, Community Care Licensing.

Employment Desired

12. Position applying for: _____

How did you hear about this position? _____

13. What days are you available for work? Sat Sun Mon Tue Wed Thu Fri

Are you available to work: Evenings? Weekends? Overtime (If necessary)

14. Have you applied to or worked for WATCH before? Yes No If yes, when? _____

15. Do you have friends or relatives working for WATCH? Yes No

If yes, who? _____

16. Why are you applying for work at WATCH? _____

17. If hired, on what date can you start work? _____ 18. Salary desired: _____

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

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20. If hired, you may be required to drive an agency vehicle; do you have a current California Drivers License and a clear driving record? Yes No

If no, please explain _____

21. Our agency automobile insurance requires individuals be a minimum of 18 years of age and have been driving for a minimum of 2 years.

Are you at least 18 years of age? Yes No

Have you been driving for a minimum of 2 years? Yes No

22. Having read the Job Description for the position that you are applying, do you feel you are able to perform the essential functions of the job with the physical demands as stated, with or without accommodation?

Yes No

If no, describe the functions that cannot be performed: _____

EDUCATION & TRAINING

****If you are hired for a position with WATCH a copy of your, Diploma, GED, Certificate and College Degree, if applicable, will be required.**

23. High School _____ Location: _____

24. Did you graduate? Yes No

25. If not, do you have a GED or California High School Proficiency Certificate? Yes No

26. Names of Colleges/Universities Attended:	Dates Attended	Course of Study/Major	Certificate/Degree**
27. Other Relevant Courses/Training:			
28. Professional Licenses/Certifications:	Serial Number	Date Issued	Expiration Date

29. Skills that may be required for this position: Computer: PC Mac

List the computer programs you have experience with: _____

30. Other skills that would benefit you in a position with WATCH:

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Employment History: List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Include volunteer and U.S. Military service. Describe the work you did as completely as possible. List each promotion. ***Explain any gaps between employment periods.*** If more space is needed, use a separate sheet prepared in the same format and attach securely.

MO./YR. To MO./YR.	Employer (Business or Agency Name)	Title of Position	# Of employees supervised by you
Hours Per Wk	Address, City, State, Zip	Name of Supervisor	Phone Number
Duties:			
Reason for leaving:			

MO./YR. To MO./YR.	Employer (Business or Agency Name)	Title of Position	# Of employees supervised by you
Hours Per Wk	Address, City, State, Zip	Name of Supervisor	Phone Number
Duties:			
Reason for leaving:			

MO./YR. To MO./YR.	Employer (Business or Agency Name)	Title of Position	# Of employees supervised by you
Hours Per Wk	Address, City, State, Zip	Name of Supervisor	Phone Number
Duties:			
Reason for leaving:			

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Were you ever discharged or forced to resign from any position? Yes No

If Yes, explain

Inquiry may be made of your former employers or the last school you attended regarding your performance record.

May we contact your present employer? Yes No

Please give the name and address of the person you wish to be contacted in the case of emergency:

Name: _____ Phone: _____

Address: _____

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 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 WATCH Resources, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to WATCH Resources, Inc. 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 WATCH Resources, Inc., 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.

_____ WATCH Resources, Inc. is a drug and alcohol free work place. All prospective employees must pass a drug and alcohol screening test prior to being hired. All safety sensitive employees are subject to random drug and alcohol screenings that will take place throughout each calendar year.

_____ I agree to adhere to the WATCH dress code policy located on the WATCH website. www.watchresources.org.

_____ Employment with WATCH Resources, Inc. is at-will. Employment at-will may be terminated with our without cause and with or without notice at any time by the employee or WATCH Resources, Inc. Nothing in the Personnel Policy Manual or in any document or statement shall limit the right to terminate employment at-will. No Manager, supervisor or employee of WATCH Resources, Inc. has any authority to enter into an agreement for employment other than at-will. Only the Board of Directors of WATCH Resources, Inc. have the authority to make any such agreement and then only in writing.

Signature: _____ Date: _____