



# 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: \_\_\_\_\_



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### 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.*

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**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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

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**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

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**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

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\_\_\_\_\_  
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

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**Military Services**

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

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**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		

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**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**