



VISTA HILL

8910 Clairemont Mesa Blvd., San Diego, CA 92123-1104

EMPLOYMENT APPLICATION

I S T A H I L L Stein Education Center, Adult Services Programs, Special Care Services, Community Services, Learning Assistance Centers, SmartCare, ParentCare Family Recovery Center, Perinatal Case Management, Bridges Programs, Juvenile Court Clinic, Vista Hill Main Office

The Vista Hill Foundation is an equal opportunity employer and does not discriminate because of race, color, creed, religion, national origin, ancestry, age, sex, physical or mental disability. No question on this application is asked for the purpose of limiting or excluding an applicant's consideration for employment because of race, color, creed, religion, national origin, ancestry, age, sex, physical or mental disability. The Vista Hill Foundation ensures compliance with all federal, state and local equal opportunity and labor laws including the ADA.

PERSONAL

NAME (Last, First, Middle) _____ SOCIAL SECURITY NUMBER _____ DATE _____ PHONE NUMBER _____
 STREET ADDRESS _____ CITY, STATE, ZIP _____ HOW LONG _____
 PREVIOUS STREET ADDRESS _____ CITY, STATE, ZIP _____ HOW LONG _____ MESSAGE PHONE NUMBER _____

EMPLOYMENT INFORMATION

POSITION DESIRED _____ SALARY DESIRED _____
 Full Time Part Time Per Diem Available For: Days P.M.'s Nights Weekends Holidays
 Have you ever applied for work at a Vista Hill Foundation Facility or Affiliate? No If, Yes POSITION APPLIED FOR _____ WHEN APPLIED (DATE) _____
 Have you ever been employed by a Vista Hill Foundation Facility? No If, Yes LAST POSITION _____ DATES _____ TO _____
 Do you have a relative currently employed at any Vista Hill Facility? No If, Yes NAME _____ FACILITY _____
 HOW DID YOU HEAR ABOUT THIS POSITION? _____ IF REFERRAL IS A VISTA HILL FOUNDATION EMPLOYEE, INDICATE NAME _____

OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED _____ ARE YOU 18 YEARS OF AGE OR OVER? Yes No (Note: You will be required to furnish proof of birth, if hired.)
 If not a citizen, do you have the legal right to remain permanently in the United States? Yes No TYPE OF VISA _____ EXPIRATION _____ Note: You will be required to submit proof of alien authorization to work, if hired.
 Have you ever been arrested for or convicted of a felony, or any drug related offense? Yes No Licensing requirements for Vista Hill Foundation facilities mandate knowledge of an employee's prior history with regard to certain violations of federal and/or state law.

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	GRADUATED?	DEGREE RECEIVED	MAJOR / MINOR
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Community College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College / University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational School		<input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL QUALIFICATIONS

PROFESSIONAL LICENSE / REGISTRATION _____ NUMBER _____ ISSUE DATE _____ EXPIRATION DATE _____ STATE _____
 PROFESSIONAL AFFILIATIONS, ORGANIZATIONS, CLUBS, ETC. WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING (PLEASE EXCLUDE ANY AFFILIATIONS THAT INDICATE YOUR RACE, CREED, RELIGION, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, PHYSICAL OR MENTAL DISABILITY).
 PERSONAL HOBBIES, INTERESTS OR VOLUNTEER ACTIVITIES WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING (PLEASE EXCLUDE ANY ACTIVITIES THAT INDICATE YOUR RACE, CREED, RELIGION, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, PHYSICAL OR MENTAL DISABILITY).
 MILITARY WORK EXPERIENCE OR TRAINING RELATED TO THE POSITION APPLIED FOR _____ SERVICE BRANCH _____ DATE _____ TO _____
 FOREIGN LANGUAGE _____
 Word Processing: Word Perfect Windows Other Programs: _____
 Computer Systems: IBM Compatible _____ Macintosh _____ Mainframe _____ Type _____ WPM _____ Shorthand _____ WPM _____ Transcription _____
 Spreadsheets: Speak Read Write

WORK EXPERIENCE (Begin with Current or Most Recent Employment)

MAY WE CONTACT PRESENT EMPLOYER? YES NO

FROM (Month, Year)	EMPLOYER	PHONE NUMBER	POSITION
	STREET ADDRESS		SUPERVISOR
TO (Month, Year)	CITY, STATE, ZIP		SALARY START
			SALARY END

REASON FOR LEAVING _____

JOB DUTIES _____

FROM (Month, Year)	EMPLOYER	PHONE NUMBER	POSITION
	STREET ADDRESS		SUPERVISOR
TO (Month, Year)	CITY, STATE, ZIP		SALARY START
			SALARY END

REASON FOR LEAVING _____

JOB DUTIES _____

FROM (Month, Year)	EMPLOYER	PHONE NUMBER	POSITION
	STREET ADDRESS		SUPERVISOR
TO (Month, Year)	CITY, STATE, ZIP		SALARY START
			SALARY END

REASON FOR LEAVING _____

JOB DUTIES _____

My signature below signifies my knowledge and agreement to the following terms of employment.

- Any offer of employment is conditional upon taking and passing a physical examination, including an alcohol and drug test, and upon satisfactory submission of required INS documentation.
- The answers given to me to the foregoing questions and statements are true and complete and without omission.
- If employed, falsified statements of material fact or omissions on the application may be considered sufficient cause for dismissal.
- I must continue to meet health standards established by the facility as a condition of continued employment, and these may be determined by physical examinations.

- I authorized my present and former employers, schools, and personal references to give any information regarding me, whether or not it is on their records. I hereby release them and their company from all liability for issuing same.
- If employed, employment is at the mutual consent of the employee and Vista Hill. Employment with Vista Hill may be terminated at any time, with or without cause, by either Vista Hill or the employee. No one at Vista Hill has authority to make any arrangement with employee contrary to the foregoing.

Applicant's Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE - FOR HUMAN RESOURCES ONLY

TITLE	FACILITY	POSITION NUMBER	JOB CLASS	COST CENTER
STATUS	WAGE SCHEDULE	LABOR GRADE	STEP	SALARY
DEPARTMENT HEAD / PROGRAM MANAGER				
HUMAN RESOURCES				



Application Information

Your application will be considered for all current opening for which your skills, experience, and education qualify you. if you do not have an initial interview at this time please be assured that your application will be considered for any appropriate job opening.

Your application will remain active for ninety (90) days. Prior to the expiration of the ninety (90) day period, if you are still interested in employment, please feel free to call or come in to update your application.

In completing your job application, please make certain that:

1. All questions have been answered completely including references, addresses, and phone numbers.
2. Your education and employment background have been accurately reported including license/registration numbers and dates.
3. A resume may be attached, but may not substitute for information on the application. The application must still be completed.
4. You have read and signed your application.

We are interested in knowing how you heard about Vista Hill.

Your name: _____

- Referred by a current Vista Hill employee
His/her name: _____ who works at _____
- Newspaper:
 S.D. Union Sunday Ad Reader Other _____
- School: _____
- Employment/Development Department
- Phone Directory
- Other: _____

Please complete the back side of this information sheet.



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Employment Policy

Vista Hill, and its affiliates and divisions, is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, age, sex, or physical or mental disability. All recruitment, selection, placement promotion, training, compensation, benefits and all other employment related policies and practices shall be applied equally to all persons.

Applicant Data Collection Form

The information requested on this form is voluntary and confidential. The California Fair Employment and Housing Commission requires employers to obtain information from each job applicant concerning the applicant's race, sex, national origin, and the job for which the applicant is applying. All information provided is for statistical purposes and will be kept separate from your application. It shall not be used as a basis for any employment decision.

Position applied for: _____

Racial Designation:

- Native American
- Asian or Pacific Islander
- Black
- Hispanic
- Caucasian

Thank you for your interest in Vista Hill.



Applicant's Release of Information

I hereby authorize my present and former employers, schools, and personal references to provide any information they may have concerning me. I release Vista Hill and present and former employers, schools, and personal references from all liability for issuing such information.

Other names used while employed, or at school:

Applicant's Name (Printed)

Social Security Number

Applicant's Signature

Date



Reference List

Please list professional references that we may contact at this time.

Applicant's Name (Please Print)

Name and Title	Company Name & Address	Area Code & Phone Number
1.		
2.		
3.		
4.		



Authorization to Disclose Personal, Medical, and Employment Information to Licensing or Credentialing Agencies

Periodically, Vista Hill Foundation and its operating entities are reviewed by various state, federal and other agencies for the purpose of verifying or certifying that Vista Hill's facilities and staff are properly licensed, certified, and/or credentialed.

So staff positions require particular licenses, certificates or other indicia of training and education. Other positions may require drug testing, infectious disease testing, or criminal background checks. Some employees may undergo other additional investigation, testing or credentialing to qualify for their positions.

In connection with the ongoing reviews and certification proceedings, Vista Hill Foundation and its operating entities may be asked to verify or turn over such information about employees and staff to reviewing agencies. This document is for the purpose of informing you of this procedure and to obtain your consent to disclose information.

By signing below, you are acknowledging receipt of this information and authorize Vista Hill Foundation and its affiliated operating entities to: (1) disclose your education, licensing and credential information, (2) provide medical test results, and (3) provide other information regarding your qualifications, to licensing or credentialing agencies that request such information.

The original signed copy of this document will be placed in your personnel file. You may retain a copy, and you may request a copy from Human Resources at any time.

Date

Signature

Print