



**Inland Behavioral and Health Services, Inc.**  
 1963 North 'E' Street  
 San Bernardino, CA 92405  
 Ph: (909) 881 - 6146 Fax: (909) 881 -3479  
 Email: HR@ibhealth.org

# APPLICATION for EMPLOYMENT

Referral Source:  Advertisement  Employment Agency  Friend  Walk-in  Relative  Other: \_\_\_\_\_

PLEASE PRINT

Last Name		First	Middle Initial	Date
Street Address				Home Telephone ( )
City, State, Zip				Business Telephone ( )
Social Security #		When will you be available to begin work?		Pay Expected
Position applying for:			I'm available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Have you ever been employed with us? <input type="checkbox"/> No <input type="checkbox"/> Yes		If employed and you are under the age of 18, can you furnish a work permit? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", when? Month/Year _____ Location _____		Are you legally eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Can you travel, if it is required for the position? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you ever been bonded? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", with what employers? _____		
Are you on a lay-off and subject to recall? <input type="checkbox"/> No <input type="checkbox"/> Yes		_____		
Will you work overtime if asked? <input type="checkbox"/> No <input type="checkbox"/> Yes		_____		

**I. Required Information:** (please check the appropriate box for each question)

1. Have you ever been **arrested** for an offense for which registration as a sex offender may be required?  No  Yes
  2. Have you ever been **arrested** for unlawful possession of narcotics?  No  Yes
- You may omit:
- a. Cases for which diversion has been successfully completed; and
  - b. Marijuana related convictions under California Health and Safety Code Sections 11357(b) and/or (c), 11360(c), 11364, 11365 and 11550 that are more than 2 years old.

If you answered "yes" to question #1 and/or #2 please describe in detail. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. I hereby waive my right to receive a copy of any public record obtained by IBHS pursuant to California Civil Code Section 1786.53.  No  Yes

III. I authorize investigation of all statements contained in this application.  No  Yes

Please note, if IBHS decides to extend a conditional offer of employment to you, that you will be subject to an extensive criminal background check at that time. All positions require fingerprinting to conduct a criminal background check as part of the onboarding recruitment process after a conditional offer is made and before any final offer of employment is made. The fingerprints will be used to obtain records of any criminal history you may have. A conviction will not necessarily disqualify you from employment. IBHS may consider the nature, gravity, date, and circumstances of the offense as well its relevance to the duties of the particular position.

PERSONAL INFORMATION

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

**EDUCATION**

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other special training or skills (language, machine operations, etc.):					

**REFERENCES**

Please provide 3 personal references who are not related to you and are not previous employers.

Last Name, First	Telephone ( )
Address	Years Acquainted
Last Name, First	Telephone ( )
Address	Years Acquainted
Last Name, First	Telephone ( )
Address	Years Acquainted

**ADDITIONAL INFORMATION**

Membership in professional and civic organizations, special announcements, awards, etc.  
(Exclude those which may disclose your race, color, religion, age, or national origin)

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**Special Employment Notice to Disabled Veterans, Covered Veterans, and Individuals With Physical or Mental Handicaps.**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans' Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

In this section, the term "covered veteran" means any of the following veterans: (1) Disabled Veterans, (2) Veterans who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized, (3) Veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No.12985, (4) Recently separated veterans. The term "qualified", with respect to an employment position, means having the ability to perform the essential functions of the position with or without reasonable accommodation for an individual with a disability.

If you are a disabled veteran, Covered Veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely effect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual  Covered Veteran



# APPLICATION SIGNATURE

**Please read and understand this statement before signing your application:**

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the procession of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

**NO JOB OFFER IS FINAL UNTIL PRESENTED IN A FINAL OFFER LETTER SIGNED BY THE CEO.**

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with our without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

**I fully understand and accept all terms and conditions in the above statement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview :  Yes  No

Approved/Denied by: \_\_\_\_\_  
Name/Title

Remarks:

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

Employed :  Yes  No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Hourly Rate / Salary: \$ \_\_\_\_\_ per hour / week / month / year  
(circle one) (circle one)

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_  
(circle one) Name/Title

## Applicant Voluntary Self-Identification Form

The Equal Employment Opportunity Commission (EEOC) requires this employer to invite applicants to self-identify by gender and race/ethnicity. This employer is required to summarize and report the information to the federal government for civil rights monitoring and enforcement purposes.

Your completion of this form is *voluntary*, and your refusal to provide this data will not affect your opportunity for employment, or the terms or conditions of employment. This information is kept separate from an applicant's employment application and from an employee's main personnel file. Responses will be kept confidential within the Human Resources Department, and will be used only in accordance with applicable summary and reporting requirements.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions listed below for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. When reported, data will not identify any specific individuals.

### Required Information

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

### Voluntary Information

1. Gender:     Female     Male

2. Please Check One:

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native American or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

**I do not wish to disclose.**