

Napa Valley PSI

An Equal Opportunity / Affirmative Action Employer
Employment Application

P.O. Box 600
Napa, CA 94559
August 2019

Napa Valley PSI
An Equal Opportunity / Affirmative Action Employer
Employment Application Instructions

Please read the following instructions before completing the Napa Valley PSI application package.

1. Complete the **Employment Application**.
2. Please make sure that you **read and sign page 6 of the Application**.
3. You may attach a resume if you wish; however, information requested must also appear on your application. **Please do not write "refer to resume" on your Application**.
4. Please review all materials for completeness before submitting your Application.
5. Please feel free to ask if you need assistance in completing the Application or do not understand any of the instructions.

If you require an accommodation for completing the Application, Testing or Interview Process, please call Karen Nunes at 707-448-2283.

Napa Valley PSI
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Employment Application

Please Print

Date _____

Name _____
Last First Middle

Telephone No. Home: (____) _____ Cell: (____) _____

Address _____
No. Street City State Zip

Email Address _____

Employment Desired

Position applied for: _____

Indicate whether you are applying for: Full-Time OR Part-Time

What days and hours are you available for work? _____

Are you available for work on weekends? Yes ___ No ___

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

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

How did you hear about Napa Valley PSI?

- Referral (please give name of individual) _____
- Napa Valley PSI Job Advertisement
- Saw a Napa Valley PSI building, van, etc.
- Other (please state) _____

Personal Information

Have you ever applied to and/or worked for Napa Valley PSI before? ... Yes ___ No ___

If yes, when? _____

Do you have any friends or relatives working for Napa Valley PSI? Yes ___ No ___

If yes, state name(s) and relationship: _____

Do you have any friends or relatives attending Napa Valley PSI? Yes ___ No ___

If yes, state name(s) and relationship: _____

Why are you applying for work at Napa Valley PSI? _____

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocation/ Business				

Some of the people who use our services do not speak English or use an alternative form of communication. Do you speak, sign, write or understand languages other than English? Yes ___ No ___

If yes, which language? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Napa Valley PSI? If so, please explain: _____

Employment History

List below all present and past employment in chronological order starting with your most recent employer (last 10 years is sufficient). Please account for all periods of unemployment.

Employer _____ Type of Business: _____

Napa Valley PSI Employment Package

Dates of Employment (month and year) From: _____ To: _____

Position(s) Held: _____

Address _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No. (____)

Responsibilities/Duties: _____

Reason for Leaving: _____

Employer _____ Type of Business: _____

Dates of Employment (month and year) From: _____ To: _____

Position(s) Held: _____

Address _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No. (____)

Responsibilities/Duties: _____

Reason for Leaving: _____

Employer _____ Type of Business: _____

Dates of Employment (month and year) From: _____ To: _____

Position(s) Held: _____

Address _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No. (____)

Responsibilities/Duties: _____

Reason for Leaving: _____

Employer _____ Type of Business: _____

Dates of Employment (month and year) From: _____ To: _____

Position(s) Held: _____

Address _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No. (____)

Responsibilities/Duties: _____

Reason for Leaving: _____

Employer _____ **Type of Business:** _____

Dates of Employment (month and year) From: _____ To: _____

Position(s) Held: _____

Address _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No. (____) _____

Responsibilities/Duties: _____

Reason for Leaving: _____

Employer _____ **Type of Business:** _____

Dates of Employment (month and year) From: _____ To: _____

Position(s) Held: _____

Address _____

No. Street City State Zip

Supervisor's Name: _____ Telephone No. (____) _____

Responsibilities/Duties: _____

Reason for Leaving: _____

PLEASE USE ADDITIONAL SHEETS IF NEEDED TO ACCOUNT FOR YOUR LAST 10 YEARS OF EMPLOYMENT.

References

List below a minimum of 3 persons with knowledge of you or your work performance within the last three years. Please **do not** include family members or significant others.

1. Name _____

Occupation _____ Telephone No. (____) _____

Relationship: _____ Number of Years Acquainted _____

2. Name _____

Occupation _____ Telephone No. (_____) _____

Relationship: _____ Number of Years Acquainted _____

3. Name _____

Occupation _____ Telephone No. (_____) _____

Relationship: _____ Number of Years Acquainted _____

4. Name _____

Occupation _____ Telephone No. (_____) _____

Relationship: _____ Number of Years Acquainted _____

5. Name _____

Occupation _____ Telephone No. (_____) _____

Relationship: _____ Number of Years Acquainted _____

PLEASE READ CAREFULLY BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

I understand, where permissible under applicable law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with Napa Valley PSI.

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Napa Valley PSI.

I authorize Napa Valley PSI and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied. I release Napa Valley PSI and its agents and employees from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested. I understand that Napa Valley PSI will not seek information about my prior compensation.

I understand employment with Napa Valley PSI is contingent on my providing sufficient documentation required by federal law to establish my identity and eligibility to work in the United States.

I understand employment with Napa Valley PSI is contingent on my providing sufficient documentation required by Napa Valley PSI and their insurers. Such documentation may include: Proof of a valid California Driver's License, proof of active car insurance for yourself and the vehicle that you will be using during work hours, and a copy of your DMV driving record.

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or material omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

I understand an offer of employment is conditioned upon complying with all of Napa Valley PSI's requirements including, but not limited to, disclosing information about my criminal background consistent with applicable law, and signing any requested consent for Napa Valley PSI to conduct an investigation or obtain a report about my background.

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature

Date

CONFIDENTIALITY STATEMENT

Napa Valley PSI provides services to people whose confidentiality is insured by Section 4518 (Division 4.5) of the Welfare and Institutions Code (see below). Any verbal or written information you receive during the Napa Valley PSI application process is subject to the penalties of that section if released.

Please carefully read the statement above and Section 4518 below. Please sign and date this form to indicate your understanding and agreement with this policy.

Name: _____

Signed: _____

Date: _____

Section 4518 (Division 4.5) California Welfare and Institutions Code.

Any person may bring an action against an individual who has willfully and knowingly released confidential information and records concerning him or her in violation of the provisions of this chapter, or Chapter 1 (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for the greater of the following:

- (1) Five hundred dollars (\$500).
- (2) Three times the amount of actual damages sustained by the plaintiff.

Human Resources Evaluation: For Job Applicants

Napa Valley PSI's Human Resources Department would like to provide helpful service to all job applicants. Please take a few moments to complete this survey. Your feedback is appreciated. Thank you!

(Please circle)

- | | | |
|-----|----|---|
| Yes | No | 1. Were your employment questions answered clearly? |
| Yes | No | 2. Were you assisted in a timely manner? |
| Yes | No | 3. Were you served courteously? |

Your comments and suggestions are greatly appreciated:

•••••••• NOTICE ••••••••

THIS FORM IS TO BE REMOVED FROM THE EMPLOYMENT APPLICATION BEFORE THE APPLICANT IS CONSIDERED FOR EMPLOYMENT.

EMPLOYMENT DATA RECORD

Napa Valley PSI is an Equal Opportunity/Affirmative Action employer. Napa Valley PSI's policy and the law prohibit discrimination and harassment based on the individual's race, ancestry, religion or religious creed (including religious dress and grooming practices), color, age (40 and over), sex, gender, sexual orientation, gender identity or expression, genetic information, national origin (including language use restrictions), marital status, medical condition (including cancer and genetic characteristics), physical or mental disability (including HIV and AIDS), military or veteran status, pregnancy, childbirth, breastfeeding and related medical conditions, denial of family and medical care leave, or any other classification protected by federal, state or local laws, regulations, or ordinances. Our policy and the law prohibit co-workers, third parties, supervisors and managers from engaging such conduct.

The purpose of gathering this data is for record keeping, reporting, and other legal requirements. The following information is CONFIDENTIAL, and NOT part of the employment application.

You do not have to complete this form. To do so is completely voluntary.

VOLUNTARY SURVEY

Name _____ Date _____

How did you learn of this position opening? _____

Position Applied for: _____

Check one: Male ____ Female ____

Ethnic Origin: (Check One)

- White Black Hispanic Asian American Indian/Alaskan
 Native Hawaiian/Pacific Islander Two or more races Unknown