

01755 S. Barranca Ave. Suite #1-3  
Glendora, CA 91740  
Telephone No. (626) 966-1136  
Fax No. (626) 974-0088



## Employment Application

Referred by: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ **Optional** Starting Salary: \$ \_\_\_\_\_ **Optional** Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ **Optional** Starting Salary: \$ \_\_\_\_\_ **Optional** Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ **Optional** Starting Salary: \$ \_\_\_\_\_ **Optional** Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Notes: \_\_\_\_\_

\_\_\_\_\_

NEW DAY BEHAVIOR  
*Serving the Intellectually Disabled*  
1755 S. Barranca Ave, Ste. 1  
P.O. Box 972  
Glendora, CA 91740  
(626) 966-1136 ♦ Fax (626) 974-0088

Job Specifications

New Day Behavior is a community based day care program for the intellectually disabled. Employees of this company are required to perform the following job duties:

- The employee works for New Day Behavior as a Job Coach, or Assistant Job coach.
- The Employee may drive a company 8-passenger van to pick up and or drop off consumers as part of taking them out on daily outings.
- The employee will accompany consumers out on outings, field trips such as going to a park, mall, bowling alley, beach or an amusement park as part of teaching the consumer basic social skills and integrating them into the community.
- The employee will assist consumers in and out of the vehicle at each stop. The employee will offer assistance in and out of the vehicle. The employee will make 2 to 3 stops a day as part of carrying out the individual service plans for each consumer, teaching them basic social skills within the community.
- The employee may be required to lift and push a consumer in a wheelchair as part of their daily responsibility.
- The employee will spend approximately 6 hours on site with consumers helping or assisting the consumer to carry out their individual service plans. The ratio of consumers to employee is 3 to 1.
- The employee will assist consumers with their individual service plans, which could include purchasing skills, pedestrian safety skills, taking a bus or behavioral skills.
- The employee will work with consumers who are both ambulatory and non-ambulatory. The employee will also assist consumers in all areas of toileting and personal hygiene.
- The employee has full understanding of behavior modification techniques and how to correctly implement them should a consumer be verbally or physically abusive or does not want to participate in any activity. It should also be noted that an employee could be struck by a consumer while completing their job duties. Physical intervention may be required by staff in crisis situations.
- The employee documents all instances that occur throughout the day.
- The employee will maintain current progress notes and date frequency count on each consumer that is assigned to them.
- The employee will attend staff meetings and in-service training, as well as aid in the orientation and / or train other staff members.
- The employee will perform First Aid if necessary to a consumer.
  
- The Employee will maintain open lines of communication with other staff members, as well as have the ability to exercise mature judgment when relating to consumers in a warm, caring, and non-explosive manner.

I have read and understand the Job Specifications for continued employment with New Day Behavior.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# New Day Behavior

1755 S. Barranca Avenue, Ste. 1  
Glendora, CA 91740  
Fax (626) 974-0088

The following person: \_\_\_\_\_, has applied for a job with this company. This person will be working with people that have developmental challenges. It would be very much appreciated if you would complete the reference information that is contained in this report.

## Authorization to Release Personnel Information

I authorize the release of information concerning my employment, medical, or financial history as it relates to my application for employment. I release from liability and promise to hold harmless, under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to employees of New Day Behavior who conduct any background investigation. I understand the results of my background investigation are confidential and not available for my examination.

\_\_\_\_\_  
Applicant name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

1. During what time period and in what position was the applicant employed by your agency?  
From: \_\_\_\_\_ to: \_\_\_\_\_ Position: \_\_\_\_\_
2. What is the reason this applicant was terminated from employment?  
Reason: \_\_\_\_\_
3. Did the individual voluntarily resign from employment or did your agency terminate this person?  
Resigned: YES [ ] NO [ ]
4. Are you aware of any problems this applicant has /had that may have impacted his/her job ability to perform the job?  
\_\_\_\_\_  
\_\_\_\_\_
5. Is this individual eligible for re-hire with your agency? YES [ ] NO [ ]  
Explain: \_\_\_\_\_  
\_\_\_\_\_
6. During the applicant's tenure with your agency, please rate his/her performance.

	EXCELLENT	GOOD	FAIR	POOR
Work Attendance				
Punctuality				
Work Quality				
Works well with others				
Reliability				
Enthusiasm				
Appearance				
Demeanor				

Thank you for your assistance

\_\_\_\_\_  
Person completing request

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address:

# CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? .....  YES  NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? .....  YES  NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.

<p><b>I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.</b></p>			
FACILITY/ORGANIZATION NAME  NEW DAY BEHAVIOR		FACILITY/ORGANIZATION NUMBER  198600550	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

**I. Instructions to Respondents:**

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

*(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)*

What was the offense?

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In which state and city did you commit the offense?

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When did this occur?

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Tell us what happened. (Use additional sheets of paper if needed)

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I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**II. Instructions to Licensees:**

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**NOTE: IMPORTANT INFORMATION**

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*

