



Mi Familia Sandoval LLC

16742 Gothard Street, Suite #116
 Huntington Beach, CA 92647
 Telephone: (562) 625-7340 or (562) 681-2644
info@mifamiliasandoval.com

Employment Application

(Please print form when completed)

Position Applied for		Type of employment available to work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Full or Part-time		Date of this Application
Name (Last)	(First)	(Middle)		
Address (Street)	(City)	(State)	(Zip Code)	
Cell Phone	(Email Address)	(Home Telephone)	(Alternate Email or Phone)	
Do you have any relevant work experience working with individuals with developmental disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you answered "yes", where did you receive your experience?		Do you have a working smartphone capable of accessing mobile applications? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Available to Start Work:				
Are you lawfully authorized, do you have the legal right to work in the United State? Yes <input type="checkbox"/> No <input type="checkbox"/> (Each new employee will be required to provide document verification of identity and employment authorization.)				
If you are under 18 years of age, can you provide a work permit that authorizes you to work, if required, if offered the job? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>				
Have you previously been employed with this organization? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, when and which position?)				
Are you currently in School? Yes <input type="checkbox"/> No <input type="checkbox"/>		If So, what type of schooling?		
Do you have a valid California Driver's License or out of state driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a reliable means of transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If a private vehicle is utilized for company purposes, validation of an unexpired license and proof of personal minimum liability insurance coverage, per the State of California's mandates is required. If hired, can you provide proof of insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>				
WORK SHIFTS AVAILABLE TO WORK				
Days Available to Work	Available Overnight Hours Enter Specific Hours	Available Day Hours Enter Specific Hours	Available Evening Hours Enter Specific Hours	
Monday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Tuesday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Wednesday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Thursday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Friday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Saturday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sunday: Yes <input type="checkbox"/> No <input type="checkbox"/>				

I understand that my availability is essential for client care and will be used for scheduling, and that any changes must be communicated in advance. I understand that failure to maintain my stated availability or to provide adequate notice may impact my schedule and continued employment.

FAILURE TO COMPLETE THE ENTIRE WORK EXPERIENCE SECTION THAT REFLECTS YOUR LAST 10 YEARS OF EMPLOYMENT MAY RESULT IN DISQUALIFICATION OF YOUR EMPLOYMENT APPLICATION FOR CONSIDERATION OF EMPLOYMENT WITH MI FAMILIA SANDOVAL, LLC.

WORK EXPERIENCE

Please list your employment experience for the last ten (10) years. Please start with your most recent employer. If applicable, you may list work performed on a voluntary basis. Please attach another page, if necessary.

Name of current or most recent employer:		Address of current or most recent employer:		Website, telephone number and or type or business:		
Dates of Employment: From: _____ To: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Week:		Currently Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving, if not currently employed: <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other (If other, please explain)			
Current or most recent position(s):		Describe your job duties:				
Your Supervisor's Name:	Your Supervisor's Position:	Your Supervisor's Telephone:	May we contact your employers? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Name of current or most recent employer:		Address of current or most recent employer:		Website, telephone number and or type or business:		
Dates of Employment: From: _____ To: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Week:		Currently Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving, if not currently employed: <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other (If other, please explain)			
Current or most recent position(s):		Describe your job duties:				
Your Supervisor's Name:	Your Supervisor's Position:	Your Supervisor's Telephone:	May we contact your employers? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Name of current or most recent employer:		Address of current or most recent employer:		Website, telephone number and or type or business:		
Dates of Employment: From: _____ To: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Week:		Currently Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving, if not currently employed: <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other (If other, please explain)			
Current or most recent position(s):		Describe your job duties:				
Your Supervisor's Name:	Your Supervisor's Position:	Your Supervisor's Telephone:	May we contact your employers? Yes <input type="checkbox"/> No <input type="checkbox"/>			

FAILURE TO COMPLETE THE ENTIRE EMPLOYMENT APPLICATION AND/OR OMISSIONS MAY RESULT IN DISQUALIFICATION OF YOUR EMPLOYMENT APPLICATION FOR CONSIDERATION OF EMPLOYMENT. ENSURE YOUR EMPLOYMENT APPLICATION IS LEGIBLE, COMPLETE AND SIGNED (3 PAGES TOTAL).

CERTIFICATION/TRAINING/EDUCATION/SKILL

Please list job-related training, certifications, skills and/or knowledge you have acquired. Please omit those or specific references that include race, color, religion, national origin, ancestry, sex, age or the existence of a disability. List items such as job-related skills, certificates you have received, seminars you have attended and on-the-job training.

Skills	<input type="checkbox"/>	
Training/On-the-job Training	<input type="checkbox"/>	
Certificate	<input type="checkbox"/>	
Seminar/School	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

PROFESSIONAL REFERENCES (Please do not list relatives)

Name	Position	Company	Telephone
1.			
2.			

Thank you for applying for employment with Mi Familia Sandoval LLC. Please include any additional job-related information that would be helpful to evaluate your qualifications. Please omit those or specific references that include race, color, religion, national origin, ancestry, sex, age or the existence of a disability
How did you hear about this position? Advertisement <input type="checkbox"/> Where? _____ Referral <input type="checkbox"/> Name: _____

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements/information checked by Mi Familia Sandoval LLC unless I have indicated otherwise. I authorize the references listed above, as well as all other individuals whom Mi Familia Sandoval LLC contacts, to provide Mi Familia Sandoval LLC any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Mi Familia Sandoval LLC as well as from any use or disclosure of such information by Mi Familia Sandoval LLC or any of its agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an interview or offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of Mi Familia Sandoval LLC, as amended from time to time in the company’s sole discretion. I understand that my employment and compensation are at-will, meaning that either I or Mi Familia Sandoval LLC may terminate the employment relationship at any time, with or without cause, or with or without notice. I further understand that no employee or representative of Mi Familia Sandoval LLC, other than the Executive Director, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Executive Director of Mi Familia Sandoval LLC may not alter the at-will nature of the employment relationship, or enter into any employment agreement unless it is in a written agreement signed by both the Executive Director and myself that clearly and expressly states the intent to do so. I agree that this constitutes the entire agreement regarding the at-will nature of my employment relationship with Mi Familia Sandoval LLC and that there are no oral or written agreements contrary to this understanding.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant’s identity and legal authority to work in the United States, as well as the satisfactory completion of the post-offer process including reference checks. Employment with Mi Familia Sandoval LLC is contingent upon successful completion of all required background clearances, including those required by the State of California, Department of Social Services, and applicable Regional Center regulations.

“Privacy Notice: Pursuant to the California Consumer Privacy Act (CCPA), Mi Familia Sandoval LLC (the “Company”) is providing this notice regarding the collection of personal information from job applicants. By applying for a position, you are providing personal information that may be used by the Company to evaluate your candidacy for employment, communicate with you regarding your application, and obtain and verify background information and references. Personal Identifiers (e.g., name, SSN); Contact Information (e.g., mailing address, email, phone number), Employment History (e.g., current and former positions held, work experience, and any certifications or licenses), and Education History. This information may be collected directly from you or from third parties such as references or background check providers and may be maintained in electronic or physical form as part of the Company's employment records. By signing below, "I acknowledge that I have received and read this notice and understand that Mi Familia Sandoval LLC may collect, use, and maintain my personal information for the business purposes described above."

_____	_____	_____
Print Name	Signature	Date