



3415 Campus Drive
Thousand Oaks, CA 91360
(805) 241-3000
Fax (805) 241-3013
Email Careers@uvto.com



Date: _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____ Contact Phone: _____

Present Address
Street/Apt: _____ City, State, Zip: _____

Permanent Address
Street/Apt: _____ City, State, Zip: _____

POSITION INFORMATION

Position applying for: _____ Salary/Wage Desired: _____

Referral source: _____ If hired, date available to begin work: _____

Employment status requesting: Full-time Part-Time Temporary Dates: _____ Volunteer

Days and hours available to work:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

PERSONAL INFORMATION

Have you ever been employed by University Village Thousand Oaks or OakView? Yes No

If yes, when and what position? _____

Do you have any relatives working or living at UVTO or OakView? Yes No If yes, complete next section

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Are you at least 18 years of age? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that can't be performed. _____

We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire will be subject to a medical examination, and skill and agility tests.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

Convictions for marijuana-related offenses that are more than two years old need not be listed. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EDUCATION, TRAINING, EXPERIENCE

Are you licensed/certified in the position applied for? Yes No

Name of license/certification: _____ Issuing State: _____ License/certification #: _____

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Has your license/certification ever been revoked or suspended? Yes No

If Yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

A revocation or suspension will not necessarily disqualify you from employment.

Have you graduated from High School or do you possess a GED? Yes No

Type of Schools Attended	Name of School & Location	Years Completed	Degree or Certification Awarded
Trade or Business School			
College			
Post Graduate			

List any additional training, certificates, licenses, computer, or language skills which directly relate to position applied for:

PROFESSIONAL REFERENCES (NO friends or family members)

Please list names of professional references that can be contacted to provide information regarding your work skills.

Name of Reference: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Number of years acquainted: _____

Name of Reference: _____ Relationship: _____

Address: _____ City, State, Zip: _____

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Address: _____ City, State, Zip: _____

Phone #: _____ Number of years acquainted: _____

EMPLOYMENT HISTORY

List your employment, beginning with your current or most recent employer and work backwards. List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience, which you feel, is relevant to the position for which you are applying. Attach an additional sheet if extra space is needed. **You must complete this section even if attaching a resume.**

Current/Prior Employer: _____ Phone: _____

Address: _____

Job Title: _____ From (Mo/Yr): _____ To (Mo/Yr): _____

Supervisor's Name/Job Title: _____ Hours Per Week: _____

Responsibilities: _____

Reason for Leaving or Making Change: _____ Rate of Pay: _____

May we contact this employer? Yes No If no, please explain. _____

Prior Employer: _____ Phone: _____

Address: _____

Job Title: _____ From (Mo/Yr): _____ To (Mo/Yr): _____

Supervisor's Name/Job Title: _____ Hours Per Week: _____

Responsibilities: _____

Reason for Leaving: _____ Rate of Pay: _____

May we contact this employer? Yes No If no, please explain. _____

Prior Employer: _____ Phone: _____

Address: _____

Job Title: _____ From (Mo/Yr): _____ To (Mo/Yr): _____

Supervisor's Name/Job Title: _____ Hours Per Week: _____

Responsibilities: _____

Reason for Leaving: _____ Rate of Pay: _____

May we contact this employer? Yes No If no, please explain. _____

Prior Employer: _____ Phone: _____

Address: _____

Job Title: _____ From (Mo/Yr): _____ To (Mo/Yr): _____

Supervisor's Name/Job Title: _____ Hours Per Week: _____

Responsibilities: _____

Reason for Leaving: _____ Rate of Pay: _____

May we contact this employer? Yes No If no, please explain. _____

AUTHORIZATION STATEMENTS

Please read carefully, initial each paragraph and sign below:

THOROUGH AND ACCURATE COMPLETION

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

WORK HISTORY INVESTIGATION

Initials

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Continuing Life Communities, University Village Thousand Oaks, OakView, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

EMPLOYMENT RELATIONSHIP

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Continuing Life Communities, University Village Thousand Oaks and OakView, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

ARBITRATION OF CLAIMS

Initials

I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Company in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Company, that all disputes that might arise out of my hire, employment or termination by the Company, whether during or after the employment, that cannot be resolved by informal resolution, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules as further explained in the Arbitration Agreement I will receive if offered employment.

PUBLIC RECORDS SEARCH

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Continuing Life Communities, University Village Thousand Oaks and OakView, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of any public record described in the paragraph above.

RULES AND REGULATIONS

Initials

I Understand that if employed, I am required to abide by all the rules and regulations of University Village Thousand Oaks and OakView.

Applicant Signature: _____

Date: _____

At University Village Thousand Oaks and OakView, our continued success depends on the full and effective recruitment and employment of qualified persons regardless of race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state, or local laws.. We are committed to ensuring equal employment opportunity for all employees and applicants for employment. It is our goal to recruit, hire and develop the best employees using only job-related qualifications.