



# Bill Wilson Center

## Employment Application

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An Equal Opportunity Employer

### Please Print

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle

Present Address

\_\_\_\_\_  
No. & Street                      City                      State                      Zip

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Business Phone                      Home Phone

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?..... ☐ Yes ☐ No

Regular part-time work?..... ☐ Yes ☐ No

Temporary work, e.g., summer or holiday work? ?..... ☐ Yes ☐ No

What days and hours are you available? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

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

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?..... \_\_\_\_\_

Salary desired: \_\_\_\_\_

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### Personal Information

Do you currently possess a valid California Driver's License? ☐ Yes ☐ No

CDL #: \_\_\_\_\_

It is possible the position you are applying for may require you to drive while on company business. Providing your Driver's License Number authorizes BWC's insurance company to determine insurability based on your DMV record.

Have you ever applied to or worked for Bill Wilson Center before?..... ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Bill Wilson Center?

Yes ☐ No ☐

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Why are you applying for work at Bill Wilson Center?

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

If hired, would you have a reliable means of transportation to and from work?... ☐ Yes ☐ No

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

Do you have the legal right to work and be employed in the U.S. (Proof of identity and legal authority to work in the U.S. is a condition of employment.)?..... ☐ 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 cannot be performed.

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

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

Have you ever been convicted of a crime other than a traffic violation?

☐ Yes ☐ No

Note: Please exclude misdemeanor convictions of marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

A conviction is not an automatic bar to employment. However, Bill Wilson Center is limited if the position applied for is under a licensed program and the licensing authority will not grant an exemption. Once a background check is conducted, Bill Wilson Center will evaluate and consider the nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for.

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### Education, Training, and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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Many of our clients do not speak English. Do you speak, write or understand any foreign languages?

☐ Yes ☐ No

If yes, which languages(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills, which you feel make you especially suited for work at Bill Wilson Center..... Yes ☐ No ☐

If so, please explain:

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

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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?..... ☐ Yes ☐ No

Name of license/certification: \_\_\_\_\_

Issuing State: \_\_\_\_\_

License/certification number \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

#### Employment History

**List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.**

\_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Position and Duties

\_\_\_\_\_  
Reason for leaving

May we contact this employer for a reference?..... ☐ Yes ☐ No

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### Employment History, continue

_____ Name of Employer		(____) ____ - ____ Telephone No.	
_____ Type of Business		_____ Supervisor's Name	
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: _____ From To		Weekly Pay: _____ Starting Ending	
_____ Position and Duties			
_____ Reason for leaving			
May we contact this employer for a reference?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

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_____ Name of Employer		(____) ____ - ____ Telephone No.	
_____ Type of Business		_____ Supervisor's Name	
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: _____ From To		Weekly Pay: _____ Starting Ending	
_____ Position and Duties			
_____ Reason for leaving			
May we contact this employer for a reference?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**Employment History, continue**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

**Weekly Pay:** \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Position and Duties

\_\_\_\_\_  
Reason for leaving

May we contact this employer for a reference?..... ☐ Yes ☐ No

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

**Weekly Pay:** \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Position and Duties

\_\_\_\_\_  
Reason for leaving

May we contact this employer for a reference?..... ☐ Yes ☐ No

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### Military Services

Have you obtained any special skills or abilities as the result of service in the military?....☐ Yes ☐ No

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### References

*List below three persons not related to you who have knowledge of your work performance within the last three years including current supervisor if applicable.*

\_\_\_\_\_  
First Name                      Last Name                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street                      City                      State                      Zip                      - \_\_\_\_\_

\_\_\_\_\_  
Occupation                      No. of Years Acquainted

\_\_\_\_\_  
First Name                      Last Name                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street                      City                      State                      Zip                      - \_\_\_\_\_

\_\_\_\_\_  
Occupation                      No. of Years Acquainted

\_\_\_\_\_  
First Name                      Last Name                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street                      City                      State                      Zip                      - \_\_\_\_\_

\_\_\_\_\_  
Occupation                      No. of Years Acquainted

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**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
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.

\_\_\_\_\_  
Initials I hereby authorize Bill Wilson center 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 the company, 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.

\_\_\_\_\_  
Initials I understand and agree that I may be required to take a physical examination, TB screen, under go a criminal record, child abuse index and fingerprint check as a condition of hiring and continued employment. I agree to consent to such test(s) and check(s) at such time as determined by the agency and to release the agency, its directors, officers, agents and employees from any claim arising in connection with the use of such test(s)/(checks).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature