



Foster Family Agency
"Our Children...
Our Communities...
Our Legacy..."

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Date Last Name First Name M.I.

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

Best phone number to contact you: _____

Desired position applying for: _____

PERSONAL INFORMATION:

Have you ever applied to or worked for Better Choices, Inc. before? Yes No

If yes, when?

Do you have any friends or relatives working for Better Choices, Inc.? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Better Choices, Inc.?

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

If hired, can you present evident of your U.S. citizenship or proof of your legal rights to live and work in the country?
 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

Ready for Life
Foster Family Agency
962 Maraglia Street
Redding, CA 96002
PO Box 991393
Redding CA, 96099-1393

T (530) 222-1826
F (530) 225-8780
Facility Lic 455 002 824
www.readyforlife.net



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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 test.)

EDUCATION, TRAINING AND EXPERIENCE:

School	Name and address	No. of years Completed	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	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	_____
VOCATIONAL/BUSINESS	_____ NAME _____ ADDRESS _____ CITY STATE ZIP	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
HEALTH CARE	_____ NAME _____ ADDRESS _____ CITY STATE ZIP	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

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	_____ YOUR SUPERVISOR'S NAME
_____ ADDRESS	_____ CITY STATE ZIP

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DATES OF EMPLOYMENT: FROM _____ TO _____

YOUR POSITION AND DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER FOR EMPLOYMENT VERIFICATION? YES NO

NAME OF EMPLOYER **TELEPHONE NO.**

 TYPE OF BUSINESS YOUR SUPERVISOR'S NAME

 ADDRESS CITY STATE ZIP

DATES OF EMPLOYMENT: FROM _____ TO _____

YOUR POSITION AND DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER FOR EMPLOYMENT VERIFICATION? YES NO

NAME OF EMPLOYER **TELEPHONE NO.**

 TYPE OF BUSINESS YOUR SUPERVISOR'S NAME

 ADDRESS CITY STATE ZIP

DATES OF EMPLOYMENT: FROM _____ TO _____

YOUR POSITION AND DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER FOR EMPLOYMENT VERIFICATION? YES NO

Note: Attach additional page(s) if necessary.

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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.

_____	_____	_____
FIRST NAME	LAST NAME	TELEPHONE NO.
_____		_____
ADDRESS & STREET	CITY	STATE ZIP
_____		_____
OCCUPATION & RELATIONSHIP		NO. OF YEARS ACQUAINTED
_____	_____	_____
FIRST NAME	LAST NAME	TELEPHONE NO.
_____		_____
ADDRESS & STREET	CITY	STATE ZIP
_____		_____
OCCUPATION & RELATIONSHIP		NO. OF YEARS ACQUAINTED
_____	_____	_____
FIRST NAME	LAST NAME	TELEPHONE NO.
_____		_____
ADDRESS & STREET	CITY	STATE ZIP
_____		_____
OCCUPATION & RELATIONSHIP		NO. OF YEARS ACQUAINTED

Please Read Carefully, Initial Each Paragraph and Sign Below:

_____ 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 misstatements of material fact on this application are grounds for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Better Choices, Inc. 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 notices 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.

_____ 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 Company 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.

_____ 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 the Company. 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 checked the box below.

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

_____ Date Applicant's Signature

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