



(760) 873-6601
 FAX (760) 873-8104
 Post Office Box 697
 Bishop, CA 93515

(760) 934-2491
 FAX (760) 934-1568
 Post Office Box 2858
 Mammoth Lakes, CA 93546

Employment Application

Wild Iris Women's Services of Bishop, Inc. is an equal opportunity employer. The agency complies with all state and federal laws regarding discrimination on the basis of race, color, religion, sex, sexual orientation, pregnancy, national origin, ancestry, citizenship, age, marital status, physical or mental disability, or mental condition. It is agency policy to recruit, hire and promote for all job classifications on the basis of merit, qualifications and competence. This applies to all categories of employment such as managerial, professional, technical and support staff. All employment decisions will be made on the basis of the individual's qualifications as related to the requirements of the position being filled.

(Please Print or Type)

PERSONAL DATA:

Last Name	First Name	Middle Name
Street Address	City	State Zip Code
Mailing Address (if different from above)	City	State Zip Code
	Home Phone	Office / Message Phone
	FAX	E-mail

Do you have a current Driver's License issued at least two years ago? Yes No State: _____

Do you have a reliable automobile? Yes No

Do you have current automobile insurance? Yes No

Are you able to perform the essential functions or physical requirements of the position for which you are applying? Yes No

If "No" describe the functions that cannot be performed _____

POSITION INFORMATION

Position Desired:	Date Available:
Work Availability (<i>check all that apply</i>):	Full Time <input type="checkbox"/> Regular Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/>
	Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/>

PROFESSIONAL LICENSE/CERTIFICATION INFORMATION (*use attachment if necessary*):

Are you professionally licensed? Yes No State: _____ If not licensed in CA, have you applied? Yes No

Type of license you currently hold: Registration #: Exp Date: Comments:

Where did you complete counselor training: None Wild Iris Other Name: _____

What type of counseling certificate did you obtain: Domestic Violence Date Certified: _____

Sexual Assault Date Certified: _____

EDUCATION (*use attachment if necessary*):

	Name	Location (City & State)	Academic Major	Graduated			Degree Earned
				Yes	No	GED	
High School							
College, University or Technical School							

SPECIAL SKILLS AND TRAINING (*specify number of year's experience in each of the following; use attachment if necessary*):

Skill	Years	Skill	Years	Skill	Years	Skill	Years
Bilingual: _____ language		Management		Accounting		Technology/Computer Literacy	
Planning		Marketing		Investment		Community Relations	
Grant Writing		Grant Administration		Fundraising		Public presentations/education	

Please explain further or list your additional competencies that are relevant:



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COMMUNITY ACTIVITIES OR MEMBERSHIPS; VOLUNTEER EXPERIENCE (use attachment if necessary):

Dates	Average Hours Per Month	Organization	Duties

INVOLVEMENT WITH WILD IRIS (trainings, workshops, etc.; use attachment if necessary):

Dates	Description

EMPLOYMENT HISTORY (1)state your most recent employment first; (2)account for all periods of unemployment; (3) include all employment for the last 7 years, and all employment relevant to the position for which you are applying, using an attachment in the same format if necessary:

Name and Address of Employer	Description of Duties	Started (Mo/Yr):	Ended (Mo/Yr):
		Title:	
		Reason for leaving:	
Telephone Number of Employer		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supervisor's Name / Telephone Number			
Name and Address of Employer	Description of Duties	Started (Mo/Yr):	Ended (Mo/Yr):
Telephone Number of Employer		Title:	
Supervisor's Name / Telephone Number		Reason for leaving:	
		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name and Address of Employer	Description of Duties	Started (Mo/Yr):	Ended (Mo/Yr):
Telephone Number of Employer		Title:	
Supervisor's Name / Telephone Number		Reason for leaving:	
		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please describe unemployment periods of three months or more giving dates and reasons; use attachment if necessary.

REFERENCES (use attachment if desired):

	Name and Address	Title/Relationship	Telephone Number
1.			
2.			
3.			



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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 misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of the application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Wild Iris Family Counseling & Crisis Center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the agency 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 Agency, 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 Agency. 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 Agency, and that no promises or representations contrary to the foregoing are binding on the Agency unless made in writing and signed by me and the Agency's designated representative.

I understand and agree to complete a successful background check with the FBI, California Department of Justice and Child Abuse Central Index agencies before I will be allowed to commence work.

In compliance with federal law, all personal hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I agree to provide a current copy of my motor vehicle record and automobile insurance card before I will be allowed to commence work.

I agree that, if employed, I will abide by and observe all policies, procedures, rules, and regulations established by Wild Iris.

Signature of Applicant:

Date



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To be detached from Application:

Applicant Identification Record

Regulations of the California Fair Employment and Housing Commission require employers to obtain certain information from each job applicant. This form is used to provide each applicant with an opportunity to furnish such information *voluntarily*. All information that is provided voluntarily will be used only for record-keeping purposes. Further, such information will be kept separate from the application and an employee's main personnel file. Such information will not be used for any discriminatory purposes.

Position Applied for: _____ Date: _____

Sex: Male _____ Female _____

Asian	_____	Mexican American	_____
Black	_____	Native American	_____
Caucasian	_____	Polynesian	_____
Filipino	_____	Other: _____	_____
Hispanic *	_____		

*includes individuals from Mexico, Central & South American countries, Cuba and Puerto Rico

Are you claiming accommodations under the Americans with Disabilities Act? Yes _____ No _____