



www.vmrcenter.net

VALLEY
MOUNTAIN
REGIONAL
CENTER

Valley Mountain Regional Center

P. O. Box 692290 • Stockton, CA 95269-2290

Phone: (209) 955-3253 • Fax: (209) 955-3249

Dear Applicant:

We appreciate your interest in employment at Valley Mountain Regional Center. To ensure that your application receives proper consideration for the position(s) for which you are applying, please follow these instructions carefully:

- A. You must submit a cover letter and questionnaire (if required for the position) along with the completed application forms. Attach a copy of a typing certificate (if required for this position).
- B. Applications must be printed or typewritten. Please use black ink.
- C. If you choose to complete the application by hand, please print clearly and legibly.
- D. Read and answer each question completely and accurately and answer "N/A" if the question is not applicable.
- E. Do not refer to your resume in lieu of providing complete responses on the application.
- F. If you wish to include more experience than space allows, an addendum page may be attached to the application. Please provide the same information on the addendum as is asked for on the application.
- G. One step in VMRC's hiring process is a background check of the final candidates for each position. This check is conducted by Justifacts and requires the applicant's consent. A "Notification and Authorization To Obtain Information" form is attached. This form must be completed and returned with the application.
- H. At the time of hire, for all positions requiring a degree, an official transcript must be sent directly to the VMRC Human Resource Department.

If you have any questions regarding the application process, please call the Human Resources at (209) 955-3253.

RETURN YOUR COVER LETTER, APPLICATION AND DISCLOSURE FORMS TO:

Valley Mountain Regional Center
Attn: Sherri Tyrrell, Human Resource Assistant
P.O. Box 692290
Stockton, CA 95269
OR FAX TO: (209) 955-3249

Name: _____ Position: _____

<u>Education</u>				
	Name of School & Address	Type of Degree Obtained	Number Of Years	Course/Major
High School				
College				
College				
Graduate School				
Vocational/ Business				

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at VMRC? _____ If so, please explain (use an addendum page if needed) _____

Are you licensed/certified for the job applied for? _____

Name of license/certification: _____

Issuing State: _____

License/certification Number: _____

Has your license/certification ever been revoked or suspended? _____

If yes, state the reason(s), date of revocation or suspension and date of reinstatement: _____

References

List below three persons not related to you who have knowledge of your work performance within the last 3 years.

Name: _____ Occupation _____
Address _____ Telephone #: _____
City, State, Zip _____

Name: _____ Occupation _____
Address _____ Telephone #: _____
City, State, Zip _____

Name: _____ Occupation _____
Address _____ Telephone #: _____
City, State, Zip _____

Employment History

List below all present and past employment starting with your most recent employer. Please account for all periods of unemployment on an addendum page. Do not refer to resume.

Company		Type of Business		
Supervisor's Name and Title		Telephone Number		
Address		City		State Zip
Start Date	Starting Position	Job Duties:		
Termination Date	Ending Position			
Reason for Leaving?				
May we contact this employer for a reference?				
Company		Type of Business		
Supervisor's Name and Title		Telephone Number		
Address		City		State Zip
Start Date	Starting Position	Job Duties:		
Termination Date	Ending Position			
Reason for Leaving?				
May we contact this employer for a reference?				
Company		Type of Business		
Supervisor's Name and Title		Telephone Number		
Address		City		State Zip
Start Date	Starting Position	Job Duties:		
Termination Date	Ending Position			
Reason for Leaving?				
May we contact this employer for a reference?				
Company		Type of Business		
Supervisor's Name and Title		Telephone Number		
Address		City		State Zip
Start Date	Starting Position	Job Duties:		
Termination Date	Ending Position			
Reason for Leaving?				
May we contact this employer for a reference?				

Company		Type of Business		
Supervisor's Name and Title		Telephone Number		
Address		City	State	Zip
Start Date	Starting Position	Job Duties:		
Termination Date	Ending Position			
Reason for Leaving?				
May we contact this employer for a reference?				

Company		Type of Business		
Supervisor's Name and Title		Phone Number		
Address		City	State	Zip
Start Date	Starting Position	Job Duties:		
Termination Date	Ending Position			
Reason for Leaving?				
May we contact this employer for a reference?				

Office Equipment Used:	PC – Software Used:

Please read carefully:

By signing this application in the space provide below, I acknowledge and agree to the following:

1) the information provided in this application for employment is true and complete to the best of my knowledge; 2) only the Executive Director of Valley Mountain Regional Center is authorized to offer employment; 3) employment with Valley Mountain Regional Center is for no definite period and may be terminated at any time in accordance with the personnel policies and procedures of Valley Mountain Regional Center; 4) Valley Mountain Regional Center has my permission to investigate my references, work record, education and other matters related to my suitability for employment, listed herein or not, and all such references and former employers are released from liability for disclosure of any information which they may provide in response to a request from Valley Mountain Regional Center; 5) Valley Mountain Regional Center is authorized to investigate all statements which I provide in this application; 6) misrepresentation or purposeful omission of requested information is grounds for dismissal; and 7) I understand that my performance as a VMRC employee will be assessed in part on my ability to function in a team-oriented environment.

Applicant Signature

Date

3. Describe your experience with case management recordkeeping/documentation.

4. Describe your ideal supervisor.

5. Which age group do you prefer? Why?

Early Start (0-3yrs)
Children (3-14yrs)
Transition (14-24yrs)
Adult (24yrs &older)