

## Valley Mountain Regional Center

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

Phone: (209) 955-3303 • 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:

1. 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).
2. Applications must be printed or typewritten. Please use black ink.
3. If you choose to complete the application by hand, please print clearly and legibly.
4. Read and answer each question completely and accurately and answer “N/A” if the question is not applicable.
5. Do not refer to your resume in lieu of providing complete responses on the application.
6. 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.
7. At the time of hire, for all positions requiring a degree, an official transcript must be sent directly to the VMRC Human Resource Department.

We appreciate your interest in Valley Mountain Regional Center.  Valley Mountain Regional Center is an equal employment opportunity employer. The Company’s policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age (40 and over), disability, or any other basis protected by applicable federal, state, or local laws. Valley Mountain Regional Center also prohibits harassment of applicants or employees based on any of these protected categories. It is also Valley Mountain Regional Center’s policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions.

If you have any questions regarding the application process, please call the Human Resources at (209) 955-3303.

RETURN YOUR COVER LETTER, APPLICATION AND DISCLOSURE FORMS TO:

 Valley Mountain Regional Center

 Attn: Mary Jane Svendsen, Human Resources Assistant

 P.O. Box 692290

 Stockton, CA 95269

 OR FAX TO: (209) 955-3249



Please answer completely and accurately. A cover letter must be attached. Do not reference resume on the application. VMRC is committed to the principles of equal opportunity employment.

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##### EMPLOYMENT APPLICATION

###### **General Information**

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Mailing

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Home Telephone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Other (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If necessary, are you available to work overtime? \_\_\_\_\_\_\_\_\_\_\_\_

Desired Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_annually.

Many of our consumers do not speak English. Do you speak, write or understand any foreign languages? \_\_\_\_\_\_\_\_\_\_ If yes, which languages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to or worked for VMRC before? \_\_\_\_\_\_\_\_\_\_\_ when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any friends or relatives working for VMRC? \_\_\_\_\_\_\_\_\_

If yes, list name & relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How were you referred to VMRC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If selected for employment, can you provide documentation of your eligibility for employment in the United States? \_\_\_\_\_\_\_\_\_\_\_

Do you have a reliable means of transportation? \_\_\_\_\_\_\_\_\_\_\_

Are you able to perform the essential functions of the job either with or without reasonable accommodation? Yes or No \_\_\_\_\_

If no please describe the functions that you cannot perform \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(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, as allowed by law.)

|  |  |
| --- | --- |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |  |
| **Education** |  |
|  | **Name of School & Address** | **Type of Degree Obtained** | **Number****Of Years** | **Course/Major** | **Did You Graduate? Yes/No** |
| High School / GED |  |  | N/A | N/A |  |
| **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  | Starting Rate of Pay | Job Duties: |
| Termination Date | Ending Position  | Ending Rate of Pay |  |
| 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 | Starting Rate of Pay | Job Duties: |
| Termination Date | Ending Position | Ending Rate of Pay |  |
| 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 /  | Starting Rate of Pay | Job Duties: |
| Termination Date | Ending Position | Ending Rate of Pay |  |
| 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 | Starting Rate of Pay | Job Duties: |
| Termination Date | Ending Position | Ending Rate of Pay |  |
| 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:**

**Initial Each Paragraph and Sign Below**

I hereby certify that I have not knowingly withheld any information sought on this application 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 Valley Mountain Regional 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 company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure.

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

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 Valley Mountain Regional Center. 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 Valley Mountain Regional Center, and that no promises or representations contrary to the foregoing are binding on Valley Mountain Regional Center unless made in writing and signed by me (or my designated representative) and Valley Mountain Regional Center designated representative.

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

Initials

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

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

Initials

I understand that my performance at Valley Mountain Regional Center will be assessed in part on my ability to function in a team-oriented environment.

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

Initials

I understand that if my job involves driving I will be expected to maintain an active California Driver’s License and must have/maintain a driving record that is deemed acceptable by Valley Mountain Regional Center.

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

Initials

I understand that only the Executive Director may make an offer of employment.

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

Initials

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between Valley Mountain Regional Center and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between Valley Mountain Regional Center and me on such issues.

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

Applicant Signature Date

|  |  |
| --- | --- |
| logo | Applicant Questionnaire***Return completed questionnaire to:*****Valley Mountain Regional Center****Attn**: **Mary Jane Svendsen, Human Resources Assistant****P.O. Box 692290****Stockton, CA 95269****Confidential HR Fax: (209) 955-3249****Email:** **mjsvendsen@vmrc.net** |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: Stockton Modesto San Andreas

**Please answer the following questions.**

1. Explain in detail why you would like to work for VMRC?

2. Define a developmental disability according to California law and describe your experience working with this population.

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)