

CENTRAL VALLEY RECOVERY SERVICES, INC.

320 West Oak Avenue, Suite A  
 Visalia, CA 93291  
[www.cvrshome.org](http://www.cvrshome.org)  
 (559) 625-2995  
 FAX (559) 625-3808



**APPLICANT INFORMATION**

Last Name		First		M.I.	Date
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have relatives or friends who work here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please name	
Do you have a valid California Driver License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodations? _____					

**EDUCATION**

High School		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**SPECIAL SKILLS/CERTIFICATIONS/LICENSES (please describe; list effective dates, certificate or license #)**

Are you fluent in English? (read, write, speak) \_\_\_\_\_ Are you fluent in any other languages? (Read, write, speak) \_\_\_\_\_

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company & Address	Phone
Full Name	Relationship
Company & Address	Phone
Full Name	Relationship
Company & Address	Phone

<b>PREVIOUS EMPLOYMENT (MOST RECENT FIRST)</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
PLEASE INITIAL BELOW AND SIGN	
_____ I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
_____ I authorize CVRS to investigate my references, work record, education, background information, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any information related to my work records and quality of my work without prior notification to me.	
Signature	Date

**CRIMINAL HISTORY**

The information requested below may be a consideration in relation to the position for which you are applying. Consideration will be given to the nature of any offense, the circumstances, the date, and the relevance of the offense to the position applied for. You will be required to complete a live-scan background check in order to work in our programs. If you wish to provide information that you believe will be relevant to the background check, you may do so below.

This is an optional and voluntary disclosure if you choose to provide additional information. Any information regarding your criminal history will be kept confidential.

Have you ever been convicted of a crime, (felony or serious misdemeanor)?

Yes \_\_\_\_\_ or No \_\_\_\_\_

Please describe: (nature of the crime, when and where it occurred, and the disposition of the case).

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_