



APPLICANT PACKET

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2006/2007

FEATURES & BENEFITS

OF WORKING AT OPTIONS*

◆ HEALTH CARE PLAN
(MEDICAL, DENTAL, & VISION)

PROVIDES FINANCIAL PROTECTION AGAINST EXPENSIVE
HEALTH CARE COSTS.

◆ PENSION PLAN

PROVIDES INCOME AFTER YOU RETIRE

◆ EDUCATIONAL ASSISTANCE

PROVIDES FOR CONTINUAL GROWTH, BOTH
PROFESSIONALLY AND PERSONALLY

◆ NATIONALLY RECOGNIZED
TRAINING PROGRAM

HELPS YOU TO DEVELOP YOUR SKILLS SO YOU CAN
PERFORM YOUR BEST AND GAIN OPPORTUNITIES FOR
ADVANCEMENT

◆ COMPENSATION RELATED
TO PERFORMANCE

PROVIDES COMPETITIVE EARNINGS, INCOME AND
INCENTIVES BASED ON PERFORMANCE

◆ GROWING & PROSPERING
COMPANY

OFFERS EXCITING, CHALLENGING POSITIONS AND
OPPORTUNITIES FOR ADVANCEMENT

◆ PERFORMANCE
APPRAISALS

PROVIDES FEEDBACK AND GIVES YOU A PLATFORM TO
VOICE YOUR OPINIONS

◆ DISABILITY PLAN

PROVIDES CONTINUOUS INCOME IF YOU BECOME ILL OR
INURED AND ARE UNABLE TO WORK



*BENEFITS ELIGIBILITY VARIES ACCORDING TO HOURS WORKED, LENGTH OF SERVICE AND POSITION

WE PROMOTE A DRUG-FREE WORKPLACE. EQUAL OPPORTUNITY EMPLOYER.



800 Quintana Road, Suite 2-C ■ P.O. Box 877 ■

Morro Bay, CA 93443

805/772-6066 ■ FAX: 805/772-6067 ■ www.optionsccnbc.org

Dear Applicant:

Thank you for your interest in OPTIONS. We are an Equal Opportunity Employer who engages employees without regard to sex, age, religion, citizenship, disability, sexual orientation, or racial, national, or ethnic background, or any other basis prohibited by applicable law. The mission of OPTIONS is to provide quality services for persons with barriers to independent living, including developmental disabilities, head injuries and related disabling conditions. To that end, OPTIONS strives to employ only the most qualified individuals.

As a part of the post-employment process, you will be required to undergo a physical examination to confirm that your health and physical abilities are consistent with the essential functions of the position for which you are employed. The examination includes a tuberculosis skin test. You are also required to grant us your permission to conduct a background search of your personal history. This investigation will include a review by the Criminal Justice Information System and confidential inquiries and reference checks.

OPTIONS places a high value on inservice training and you will be required to complete a comprehensive paid training program in order to maintain your employment. Although OPTIONS is not required by law to compensate employees for attending training which is not specific to our organization, we choose to pay our employees for all hours spent in our training program. However, if it is determined that you disqualify yourself from employment by falsifying any information during the application process, you will not be compensated for any training which you attend.

Any offer of employment which is made to you is expressly conditional upon receipt by OPTIONS of satisfactory background information and verification of the information which you submit with your Employment Application. If OPTIONS ascertains that your background information is unsatisfactory, or if you have misstated or omitted material information on your Employment Application, your conditional offer of employment will be revoked and you will be ineligible for further employment with OPTIONS.

As you fill out the Application for Employment, please write legibly and complete all sections.

Sincerely,

Julie Talbert
Human Resources Director

“Full Inclusion”



800 Quintana Road, Suite 2C ■ Morro Bay, CA 93442 ■ 805/772-6066 ■ Fax: 805/772-6067

APPLICATION FOR EMPLOYMENT

Applicant's Name: _____

IMPORTANT: This organization supports Federal, State and local laws prohibiting discrimination based on race, sex, sexual orientation, color, religion, national origin, ancestry, age, handicap, veteran or marital status, or any other prohibited basis. No question on this application is intended to secure information to be used for such purposes. Please advise us if any accommodations are required to assist you in the application process.

NOTE: This Application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

Position you are applying for: _____

Applying for: Full-time Weekdays Day
 Part-time Weekends Evening

Days of week available: _____

Hours available: _____

Date of application: _____

Date available: _____

Referral Source: Employment Agency _____ School/College _____ Newspaper Ad _____

Employee Referral _____ Name _____ Walk-In Applicant _____ Other _____

Have you ever applied for a position with us? Yes ___ No ___. If "yes", when? _____

Have you worked for OPTIONS before? Yes ___ No ___.

Do you have a relative working here? Yes ___ No ___. If "yes", state the name and relationship:

Are you currently employed? Yes ___ No ___

Can you perform all of the job functions of the position for which you have applied, with or without reasonable accommodations? Yes ___ No ___

PERSONAL DATA

Name: _____
(Last) (First) (Middle, Full)

Present Address: _____
(No. and Street- no P.O. Boxes) (City) (State) (Zip)

Telephone No. Home:(____) _____ Business:(____) _____

Social Security No. ____ -- ____

How long have you lived at the above address? _____

List your last two addresses, starting with the most recent:

From / To ▼	Number and Street ▼	City ▼	State ▼	Zip ▼
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In case of emergency, notify: _____
Name Telephone

Address Relationship to you

If employment is offered, can you submit a valid California I.D., social security card, proof of citizenship, or verification of your legal right to work in the U.S.? Yes___ No___

Are you over 18 years of age? Yes___ No___

Have you ever been convicted of a felony or misdemeanor? (An affirmative response will not automatically disqualify you from being considered as a candidate for employment). Yes___ No___

If "yes", please explain _____

Are you available to work overtime if requested? Yes___ No___

Would you willing to transfer to a different OPTIONS program or site from the one for which you may be initially hired? Yes___ No___

PREVIOUS EMPLOYMENT RECORD

List all employers for last 10 years starting with your most recent or current job. Include any periods of unemployment, with explanation, and volunteer experience. Use the back of this page if you need more space.

1. Employer: _____ Phone: _____
Address: _____
Dates of Employment: _____ Supervisor: _____
Job Title: _____ Starting Wage: _____ Ending Wage: _____
Work Performed: _____
Reason for Leaving: _____

2. Employer: _____ Phone: _____
Address: _____
Dates of Employment: _____ Supervisor: _____
Job Title: _____ Starting Wage: _____ Ending Wage: _____
Work Performed: _____
Reason for Leaving: _____

3. Employer: _____ Phone: _____
Address: _____
Dates of Employment: _____ Supervisor: _____
Job Title: _____ Starting Wage: _____ Ending Wage: _____
Work Performed: _____
Reason for Leaving: _____

4. Employer: _____ Phone: _____
Address: _____
Dates of Employment: _____ Supervisor: _____
Job Title: _____ Starting Wage: _____ Ending Wage: _____
Work Performed: _____
Reason for Leaving: _____

Have you ever been discharged (fired) or forced to resign from any employment? Yes___ No___

If "yes", please explain: _____

Have you ever been refused by a bonding company? Yes___ No___ If "yes", please explain: _____

If you have previously worked under another name, please provide the name here, with relevant dates: _____

May we contact your present employer? Yes___ No___ Please identify any reasons for not contacting: _____

May we contact your previous employers? Yes___ No___ Please identify any reasons for not contacting: _____

EDUCATIONAL DATA

School	Name, Number, Street, City, State and Zip Code	No. Years Completed	Degree	Major Course of Study
High School			Yes__ No__	
			Degree:	
College			Yes__ No__	
			Degree:	
Graduate School			Yes__ No__	
			Degree:	
Trade or Business School				
Other				

Other training you have received (specific courses, etc.) _____

Special qualifications and skills _____

Other information or outside experience you wish considered _____

DRIVER'S QUESTIONNAIRE

1. Do you currently possess a valid drivers license? Yes__ No__. If so, what state? _____
License No. _____

2. Has your license ever been revoked or suspended? Yes__ No__

3. Number of years driving experience: _____

4. Do you have a car available? Yes__ No__ (*Employees are often required to use their own cars in fulfilling job responsibilities.*)

5. Do you presently have points on your driving record? Yes__ No__ If so, how many? _____

6. Have you had an accident in the last five (5) years which was caused by your fault? Yes__ No__.

If "yes", please explain: _____

APPLICANT WAIVER

I hereby affirm that the information provided on this application (and accompanying résumé, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I hereby agree to submit to any lawful drug, polygraph or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising OPTIONS: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others;

I authorize any of the persons or organizations referenced in the Application for Employment that I have completed for OPTIONS to give OPTIONS any and all information concerning my previous employment, education, or any other information they might have regarding my ability to perform the duties of the position for which I have made application. I release all such persons or organizations from all liability for any damage that may result from furnishing such information to OPTIONS. I authorize OPTIONS to request and receive such information, and I further understand that an authorization will accompany any such request for information. I request that any persons or organizations contacted by OPTIONS provide such information as may be requested.

In consideration of my employment and my being considered for employment by OPTIONS, I agree to conform to the rules and regulations of OPTIONS and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by OPTIONS at any time, at OPTIONS' sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of OPTIONS.

I understand that no representative of OPTIONS, other than the Human Resources Manager, has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

I UNDERSTAND THAT TO THE EXTENT PERMITTED BY APPLICABLE LAW MY EMPLOYMENT IS TERMINABLE-AT-WILL, THAT I AM NOT BEING EMPLOYED FOR ANY SPECIFIED TIME, AND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT FOR CONTINUED EMPLOYMENT. I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP FOR ANY REASON WITH OR WITHOUT CAUSE AT ANY TIME, AND OPTIONS RESERVES THE RIGHT TO DO THE SAME.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I understand that applicable regulations require police and other official record checks to determine if there is any previous conviction which would render a potential employee unsuitable to work with developmentally disabled persons. As an applicant for employment with OPTIONS, I am hereby voluntarily granting my full permission to OPTIONS to complete a criminal records check on me, including fingerprinting. I understand that in the event I refuse to grant my permission for this verification to be completed, I will not be considered for employment. I also acknowledge and agree that any offer of employment which is made to me is expressly conditional upon receipt by OPTIONS of satisfactory background information and verification of the information which I have submitted with this Employment Application. If OPTIONS ascertains that my background information is unsatisfactory, or if I have misstated or omitted material information on this Employment Application, my conditional offer of employment shall be revoked and I will be ineligible for further employment with OPTIONS.

I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was completed.

Signature of Applicant

Date

Signature of OPTIONS Representative

Date



1000 Quintana Road ■ Morro Bay, CA 93442 ■ (805)772-6066

DRUG-FREE WORKPLACE POLICY AND PROGRAM

POLICY

OPTIONS hereby establishes the following Drug-Free Workplace Policy and Program, which represents an update and consolidation of similar policies adopted in the past. This Policy and Program is intended to supersede and replace all previous drug-free policies and shall constitute OPTIONS' policy unless modified at a later date, at which time employees shall be notified of any changes.

OPTIONS has a strong commitment to promote high standards of health and safety for all its employees by providing a safe and healthy workplace. We expect each employee to maintain a high level of productivity and efficiency and to function as an important member of our team. Substance abuse (both drug and alcohol) is a serious problem which threatens the health and safety of everyone. Drug and alcohol use impairs employee performance and is detrimental to the well being of drug and/or alcohol users. Using as a guideline the federal Drug-Free Workplace Act, OPTIONS has developed a Drug-Free Workplace Policy and Program because of our strong commitment to the health and safety of our employees.

PROCEDURE

This program has been developed to spell out the policy and procedures to be used in addressing (1) Alcohol use or abuse, (2) the use, sale or possession of illegal drugs and (3) the misuse of legal drugs.

1. The sale, possession, distribution, manufacture, use, dispensation or purchase of illegal drugs on OPTIONS premises, in OPTIONS vehicles or while conducting OPTIONS business is strictly prohibited.
2. Reporting to work or working under the influence of alcohol, illegal drugs, or prescribed drugs which induce an unsafe mental or physical state is prohibited.
3. All employees will receive a copy of this Policy, and as a condition of employment are required to sign an acknowledgment form stating they have received a copy of the Drug-Free Workplace Policy.
4. OPTIONS recognizes that a successful approach to problems associated with alcohol and/or drug use requires education, counseling, assistance, deterrents and discipline. Compassion, consistency and fairness are important parts of this policy. Confidentiality, consistent with legal, safety and security considerations, is also fundamental to our Policy.

Education

In order to maintain a drug-free work environment and to comply with the federal Drug-Free Workplace Act, OPTIONS has established a drug awareness program to educate employees on the dangers of drug abuse in the workplace, our Drug-Free Workplace Policy, and the penalties that may be imposed for violation of our Drug-Free Workplace Policy.

Applicability & Compliance

OPTIONS Drug-Free Workplace Policy applies to all categories of employees as identified by OPTIONS/ personnel policies (Employee Handbook). The policy applies to all employees from entry level through top management.

All employees and successful applicants are advised that full compliance with our Drug-Free Workplace Policy is a condition of continuing and future employment.

Urine Drug Tests

To ensure the health and safety of all employees of OPTIONS, the following urine drug testing may be conducted for:

1. Pre-employment: Each final candidate for employment to whom an offer of employment has been extended may be required to successfully complete a urine drug test as part of the pre-employment physical.
2. Probable Cause: Employees may be tested for probable cause if there are reasonable grounds for suspecting an employee is working under the influence of illegal drugs or alcohol or is violating any provision of this Policy. In all cases of probable cause, the employee's supervisor will immediately notify the Human Resources Manager or designee who, in consultation with the supervisor, will make the final determination as to testing.

Confidentiality

The results of all drug and/or alcohol tests will be treated as strictly confidential and distribution of test information is limited to those management employees having a "Need to Know". In no event will the results of a drug test conducted pursuant to this Policy be revealed to any persons other than appropriate management personnel of OPTIONS and medical facilities and testing laboratories conducting the drug tests.

Compliance

1. An employee who is taking medication prescribed by a physician must notify his or her supervisor if the medication is expected to affect work performance. The employee may be required to provide written documentation from the treating physician as well as an indication of the impairment that such medication may cause.
2. Any employee convicted of, or entering a plea of not guilty to, a violation of a criminal drug statute which violation occurred in the workplace, must notify the Human Resources Manager within five (5) days of the conviction or entry of no contest plea. Within ten (10) days of such notification, OPTIONS will provide such information to any and all regulatory agencies governing OPTIONS' licensing and certification.

Disciplinary Action for Policy Violation

Any employee who violates the Drug-Free Workplace Policy will be subject to disciplinary action up to and including immediate termination.

No Contractual Obligation

This policy is a guideline only and does not affect the at will employment relationship between OPTIONS and its employees, as described in OPTIONS' Employee Handbook, nor otherwise constitute a contract. OPTIONS is not obligated to pay for any program of rehabilitation for any employee.

Effective Date

This policy will become effective on July 1, 1997.

I acknowledge that I have received and read this information.

Signature

Date