

APPLICATION FOR EMPLOYMENT

Noah Homes, Inc.
12526 Campo Road, Spring Valley CA 91978
619-660-6200

Noah Homes, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, creed, national origin, age, gender, sexual orientation, or any other basis prohibited by law.

PLEASE PRINT

P E R S O N A L	_____			_____
	Last Name	First Name	M.I.	Today's Date
	_____			_____
	Street Address		Unit #	Other Names Used/Known by
	_____			_____
	City	State	ZIP	_____
	_____			Home Telephone Number
	_____			_____
	E-Mail Address (optional)			Mobile Telephone number

PLEASE BE AWARE: Many jobs at Noah Homes involve direct contact with residents, and medication distribution and management. Therefore, the ability to speak, read and write English fluently is an essential job function. Our Application process will include opportunities for you to provide us samples of your English language fluency.

Position(s) Applying for _____ Full Time Part Time Wage Expected \$ _____

****Check Days and Hours Available on Attached Sheet****

- If hired, can you present proof of your legal right to work in the United States? Yes No
- Are you currently at least 18 years of age? Yes No
- If hired, do you have a reliable means of transportation? Yes No
- Do you have a valid Drivers License? Yes State _____ # _____ No
- Have you applied for a position here before? _____ How did you learn about us? _____
- Have you ever taken cash, merchandise or property from an employer without permission? Yes No
- Have you been convicted of a crime, other than a minor traffic violation, in the last ten years? Yes No

As required by law, all applicants employed by Noah Homes require a criminal record clearance. Noah Homes will facilitate this process prior to employment.

PLEASE PRINT

E D U C A T I O N	_____	_____	_____	_____
	High School Name	Location of School (city, state)	# of Yrs Attended	Diploma?
	_____	_____	_____	_____
	Trade/Business/Certificate School	Location of School (city, state)	# of Yrs Attended	Diploma?
	_____	_____	_____	_____
	College or University	Location of School (city, state)	# of Yrs Attended	Degree/Major
	_____	_____	_____	_____
	Other/Additional	Location of School (city, state)	# of Yrs Attended	Award?

E M P L O Y M E N T	_____	_____	_____	_____
	Current Employer	From Date	To Date	Employer's Telephone Number
	_____	Did you work at this address?	Yes	No - If No where did you work?
	Employer's Address	_____		
	_____	Work Site Address		
	Supervisor's Name	Supervisor's Title		
_____	Your Job Title or Position Describe your job duties and responsibilities			
\$ _____	\$ _____	_____		May we contact this Employer? Yes No
Start Wage	End Wage	Reason for Leaving		

E M P L O Y M E N T	_____	_____	_____	_____
	Past Employer	From Date	To Date	Employer's Telephone Number
	_____	Did you work at this address?	Yes	No - If No where did you work?
	Employer's Address	_____		
	_____	Work Site Address		
	Supervisor's Name	Supervisor's Title		
_____	Your Job Title or Position Describe your job duties and responsibilities			
\$ _____	\$ _____	_____		May we contact this Employer? Yes No
Start Wage	End Wage	Reason for Leaving		

E M P L O Y M E N T	_____	_____	_____	_____
	Past Employer	From Date	To Date	Employer's Telephone Number
	_____	Did you work at this address?	Yes	No - If No where did you work?
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	Supervisor's Name	Supervisor's Title		
_____	Your Job Title or Position Describe your job duties and responsibilities			
\$ _____	\$ _____	_____		May we contact this Employer? Yes No
Start Wage	End Wage	Reason for Leaving		

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	_____	Work Site Address		
	Supervisor's Name	Supervisor's Title		
_____	Your Job Title or Position Describe your job duties and responsibilities			
\$ _____	\$ _____	_____		May we contact this Employer? Yes No
Start Wage	End Wage	Reason for Leaving		

PLEASE EXPLAIN ANY TIME GAPS IN YOUR EMPLOYMENT HISTORY _____

I have completed training or earned certificates for the following: Yr 1 D.S.P Yr 2 D.S.P. R.S.S. C.N.A.
 L.V.N. First Aid CPR ADMINISTRATOR'S CERTIFICATE Other _____

Do you have, or have you had, any relatives working for Noah Homes? If Yes, please provide name, position and time period:

LIST FOUR (4) REFERENCES FAMILIAR WITH YOUR WORK PERFORMANCE, INCLUDING ONE SUPERVISOR THAT WE MAY CONTACT. DO NOT LIST FRIENDS AND RELATIVES

R E F E R E N C E S	_____	_____	_____
	Name #1	Occupation/Title	Contact Number(s)
	Relationship to you: _____		Yrs Known _____
	_____	_____	_____
R E F E R E N C E S	Name #2	Occupation/Title	Contact Number(s)
	Relationship to you: _____		Yrs. Known _____
	_____	_____	_____
	Name #3	Occupation/Title	Contact Number(s)
R E F E R E N C E S	Relationship to you: _____		Yrs. Known _____
	_____	_____	_____
	Name #4	Occupation/Title	Contact Number(s)
	Relationship to you: _____		Yrs. Known _____

Tell us about your previous experience working with people that have developmental disabilities

Tell us why you would like to work at Noah Homes, Inc.

PLEASE READ THE FOLLOWING CAREFULLY, THEN INITIAL EACH PARAGRAPH, AND SIGN BELOW

_____ If employed by Noah Homes, I agree to adhere to the Company policies and procedures. I understand that nothing contained in this Application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between Noah Homes and me. I understand that if I am hired, my employment is not for a specific duration and may be terminated at any time, with or without advance notice or cause, to the fullest extent allowed by law at any time at the option of either Noah Homes or myself.

_____ If hired, I understand that Noah Homes may change any terms of my employment including, but not limited to, work assignment, schedules, pay levels and/or location. I understand that nothing contained in the Employment Application or in the granting of an interview is intended to create an employment offer or contract between Noah Homes and myself.

_____ I am not a current user of illegal substances, and if hired, I agree not to work under the influence of any illegal substances.

_____ I certify that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I have personally completed this Employment Application. I understand that any offer of employment is contingent upon a satisfactory background check, employment verification, reference checks, the State of California Department of Motor Vehicles "Driver Record information Report." I hereby authorize Noah Homes to thoroughly investigate my education, certifications, previous employment information, including salary and other matter related to my suitability for employment, and to contact my references. I hereby authorize my references listed to disclose to Noah any and all information related to my work record, without giving me prior notice of such disclosure.

_____ I hereby release Noah Homes, former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. My present employer will only be contacted when specific permission is granted or after acceptance of an offer of employment.

_____ Should a search of public records under the Freedom of Information Act (including records documenting an arrest, indictment, conviction, of civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Noah Homes, I am entitled to copies of any such records obtained by Noah Homes, unless I mark the box below. If I am not hired as a result of such information, I am entitled to a copy of any such records.

_____ I waive receipt of a copy of any public records described in the paragraph above.

_____ I certify that the information provided on this Employment Application is true and correct to the best of my knowledge. I understand that any misrepresentation, false information or omission of facts made in this Application or any attachment, may disqualify me from further consideration for employment with Noah Homes, and if employed, shall be grounds for termination of employment

_____ I have carefully read this Application and acknowledgement and fully understand its contents. I am signing this Application voluntarily.

Applicant Signature: _____

Date _____

Print Name: _____

NOTE: THIS SCHEDULE ONLY APPLIES TO DIRECT SUPPORT PROFESSIONALS AND OTHER STAFF WORKING IN HOUSES. IF YOU ARE APPLYING FOR AN ADMINISTRATIVE/OFFICE POSITION DO NOT COMPLETE THIS SCHEDULE.

PLACE AN "X" IN THE BOXES OF THE SHIFTS YOU ARE AVIALABLE TO WORK. DO NOT MARK IN THE DARK BOXES.

DAYS / SHIFTS	6 AM to 10 AM	3 PM to 9 PM	9 PM to 6 AM	8 AM to 8 PM	9 AM to 9 PM	9 PM to 9 AM
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						