



CANINE COMPANIONS
FOR INDEPENDENCE®

CANINE COMPANIONS FOR INDEPENDENCE – APPLICATION FOR EMPLOYMENT

Position Applying For: _____

Job Location: _____

PERSONAL INFORMATION

Name: _____

First

Middle

Last

Address: _____

Country

Street Address

City

State

Zip

Phone: _____

Primary

Secondary

Email: _____

Referral Source (check all that apply):

Company Career Website Company Recruiter Employee Referral Indeed
 Internet Career Website Job Fair LinkedIn Glassdoor
 Other: _____ Referral Name: _____

EDUCATION ENTRY

Institution Type (check one): High School University Graduate School

Institution: _____

Name

Country

City

State

Graduated? Yes No

Degree: _____ **Major:** _____ **Minor:** _____

Please attach additional Education Entries as needed

EMPLOYMENT ENTRY

Employer 1: _____

Company Name

Street Address

Country

City

State

Zip

Current Employer? Yes No

Job Title

Supervisor Name

Job Duties: _____

Dates Employed: _____ **Reason for Leaving:** _____

Start

End

3. Can you perform the essential functions of this job with or without accommodations?
 Yes No
4. When are you available to work? (check all that apply):
 Full-time Part-time Temporary On-call
 Weekends Overtime Overnight
5. If hired, can you provide proof of your legal right to live and work in the United States?
 Yes No
6. Are you willing to relocate? Yes No
7. If selected, when are you available to start working at Canine Companions? _____
8. Desired salary: _____
9. Describe specialized training, apprenticeships, skills or research: _____

10. List current certifications and/or professional licenses, if any, and where registered:

11. Please indicate any language skills, other than English, below. *Please indicate if you know how to read, speak, understand and can write the language:* _____

ACKNOWLEDGEMENT

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment 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.

I authorize Canine Companions for Independence, Inc. or its designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Canine Companions for Independence, Inc. from all liability or responsibility with respect to information supplied to Canine Companions for Independence, Inc.

In compliance with federal law, I understand that if hired, I will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

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 Canine Companions for Independence, Inc. 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 the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Canine Companions for Independence, Inc.'s designated representative.

If employed by Canine Companions for Independence, Inc., I agree to abide by the rules, policies and procedures of Canine Companions for Independence, Inc. and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination and background, and such examination may include drug and alcohol screening. I understand that Canine Companions for Independence, Inc. believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Canine Companions for Independence, Inc. during the time of my employment.

Should a search of public records be conducted by internal personnel employed by Canine Companions for Independence, Inc., I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired because of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code

section 1786.53) Any public records request conducted by internal personnel employed by the Company will only be used to the extent allowed by federal, state, or local law.

I acknowledge that I have received, read and sought clarification of any questions I have about the contents of this job description. I further understand that Canine Companions for Independence has the right to revise this job description at any time. The job description is not a contract for employment and my employer or I may terminate employment at any time, for any reason.

Canine Companions for Independence, Inc. retains the right to verify all information provided by me. In the process of such verification, I fully authorize Canine Companions for Independence, Inc. to contact any person, school, organization, or employer listed to disclose all information necessary to verify information or statements. I release all persons who disclose such information from any liability or damages to me or anyone acting in my name. I waive any written notice of the release of such information that may be required by any state or federal law. Any falsification, misrepresentation, or omission, whenever discovered, shall be considered legitimate and sufficient grounds for dismissal. If hired, my employment with Canine Companions for Independence, Inc. is at-will. This means that I may terminate my employment at any time. Similarly, the company may terminate my employment at any time, with or without cause.

Canine Companions for Independence is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or genetic information. Canine Companions for Independence is committed to providing access, equal opportunity and reasonable accommodation for individuals with disabilities in employment, its services, programs, and activities. To request reasonable accommodation, contact hr@cci.org.

____ I hereby acknowledge that I have read the above disclosure statement and understand it.

Signature: _____ **Date:** _____

SUBMITTING YOUR APPLICATION

Please submit your application, resume, and (optional) supplemental documents to:

Email: hr@cci.org

Fax: 707-566-4866

Mail:

Human Resources Recruiter
2965 Dutton Avenue
Santa Rosa, CA 95407