



# EBSI

ESSENTIAL BEHAVIORAL  
SUPPORT, INC.

## Essential Behavioral Support, Inc.

Tranquility Home (435202727)

Serenity Home (435202729)

Sycamore Home (435202728)

Corporate Phone and Fax: 800-558-9456

Office: 34 Seascape Village Aptos, CA 95003

Mailing: PO Box 157 Capitola, CA 95010

Email: drheidimorgan@me.com

## EMPLOYMENT APPLICATION

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, use the back of this form or attach a separate sheet for additional information.

EBSI (the Company) is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, gender identity, race, color, creed, religion, ethnicity, genetic condition, national origin, citizenship, disability, marital status, military status, or any other legally-recognized protected basis under federal, state, or local laws, regulations, or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the Company. If you are an applicant with a disability, please inform **Heidi at 831-818-7981** if you need assistance completing any forms or to otherwise participate in the application process.

### PERSONAL DATA

Legal Name (Last)		(First, MI)		Position Applied For:	
Is there any additional information relative to change of name, use of an assumed name, or nickname necessary to permit a background check of your work and education records? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide past name(s) and date(s) used, so we may verify employment and education. As explained further below, each prospective employee will complete a separate authorization for a background check. A third party agency will provide this to you.					
Name	From	To	Name	From	To
	/ /	/ /		/ /	/ /
<b>Address (List all addresses from past seven (7) years – Use back of form if necessary.</b>					
Current Address - Street		City	State	Zip Code	Years at Address
Previous Address – Street		City	State	Zip Code	Years at Address
Home Telephone No.		Current Work Telephone No.		Cellular Telephone No.	
Email Address:		Can you produce evidence of the right to work while in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		Date you will be available for work?		Have you ever held a position with the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What position?	

### EDUCATION

School Name (City, State Required)	Major/Minor	Graduate	Type of Degree	Grade Point Average
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



# EBSI

ESSENTIAL BEHAVIORAL  
SUPPORT, INC.

**Essential Behavioral Support, Inc.**

Tranquility Home (435202727)

Serenity Home (435202729)

Sycamore Home (435202728)

**Corporate Phone and Fax: 800-558-9456****Office: 34 Seascape Village Apts, CA 95003****Mailing: PO Box 157 Capitola, CA 95010****Email: drheidimorgan@me.com****EMPLOYMENT** *List all employment during the past 10 years. If you need more space, use additional paper.*

<b>(1) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.	Dates of Employment (mm/yy) From: / / to / /	
Reason for Leaving:				
<b>(2) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.	Dates of Employment (mm/yy) From: / / to / /	
Reason for Leaving:				
<b>(3) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.	Dates of Employment (mm/yy) From: / / to / /	
Reason for Leaving:				

**COMPUTER SKILLS**

<b>Typing</b> _____ wpm	List software packages with which you have experience.
----------------------------	--

**LANGUAGES**

If relevant to the position for which you are applying, please providing information about languages you speak, read, and/or write below.

Language #1	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Language #2	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Language #3	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
-------------	---	-------------	---	-------------	---

**BACKGROUND INFORMATION (FOR POSITIONS REQUIRED BY LAW TO BE SUBJECT TO A CRIMINAL BACKGROUND INVESTIGATION ONLY)**

A conviction record does not automatically bar you from employment. All of the job-related circumstances surrounding convictions will be considered. We are Licensed by Community Care Licensing and have specific criminal record clearances that must be met before an individual who is offered conditional employment can enter the workplace. Please see additional, supplemental documents and processes for obtaining criminal record clearance, per Title 22 regulation. Please ask the employer representative for this form and for additional clarification.

**BUSINESS REFERENCES**

Name	Job Title	Address	Telephone No.



# EBSI

ESSENTIAL BEHAVIORAL  
SUPPORT, INC.

### Essential Behavioral Support, Inc.

Tranquility Home (435202727)

Serenity Home (435202729)

Sycamore Home (435202728)

**Corporate Phone and Fax:** 800-558-9456

**Office:** 34 Seascape Village Apts, CA 95003

**Mailing:** PO Box 157 Capitola, CA 95010

**Email:** drheidimorgan@me.com

### PLEASE INDICATE YOUR SCHEDULE AVAILABILITY, TRAVEL AVAILABILITY AND SKILLS

<b>Please check DAYS available</b>	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat		
<b>Please check SHIFTS available</b>	<input type="checkbox"/> Days	<input type="checkbox"/> Eve	<input type="checkbox"/> Night	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 10 hours	<input type="checkbox"/> Overtime		
<b>You may be required to work weekends. Are you available on weekends?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>You may be required to work holidays, including New Year's Day, Memorial Day, Labor Day, Thanksgiving, and/or Christmas. Are you available to work on holidays?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>How many MILES are you willing to drive to and from work?</b>								<b>Comments:</b>	

### AUTHORIZATION AND UNDERSTANDING

**Please read carefully and initial each paragraph before signing.**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

\_\_\_\_\_  
Initials

I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested. I understand the Company will not ask for salary or wage information.

\_\_\_\_\_  
Initials

I expressly understand and agree that either the Company or I may terminate my employment relationship with the Company at any time, with or without cause or notice.

\_\_\_\_\_  
Initials

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to alter the at-will nature of employment, other than in a document signed by the President.

\_\_\_\_\_  
Initials

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_  
Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or material omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

\_\_\_\_\_  
Initials



**EBSI**  
 ESSENTIAL BEHAVIORAL  
 SUPPORT, INC.

**Essential Behavioral Support, Inc.**  
 Tranquility Home (435202727)  
 Serenity Home (435202729)  
 Sycamore Home (435202728)

**Corporate Phone and Fax: 800-558-9456**  
**Office: 34 Seascapes Village Apts, CA 95003**  
**Mailing: PO Box 157 Capitola, CA 95010**  
**Email: drheidimorgan@me.com**

I understand an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, disclosing information about my criminal background consistent with applicable law, and signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

\_\_\_\_\_  
 Initials

I understand, where permissible under applicable law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the Company.

\_\_\_\_\_  
 Initials

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company.

\_\_\_\_\_  
 Initials

**MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.**

X

Applicant's Signature

Date

00560947.2.00670.001