

MCAVHN Care and Prevention Network

148 Clara St., Ukiah CA 95482

APPLICATION for Employment / Intern / Volunteer

Name: _____ Date: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Email: _____

Work Telephone: (____) _____ Can we call you at work? Y or N

In case of emergency please notify: _____
Name and phone number(s)

Have you ever worked/volunteered for MCAVHN before? Describe:

Can you perform the essential duties of the job in which you are applying, with or without accommodations? _____

Have you ever been convicted of a crime? Yes ___ No ___ (If yes, please describe):

Do you have a valid, unrestricted California driver's license? Y or N

Many positions at MCAVHN require a current valid, unrestricted driver's license, which is not on the job description.

Driver's license # _____ Expiration Date: _____

Insurance Company (Name/Address/Phone #) _____

Proof of insurance (100/300) may be required as part of a position. Please check job description. ATTACH copy if required.

Policy #: _____ Expiration Date: _____

How did you hear about MCAVHN? _____

Why do you wish to join the team of
MCAVHN? _____

EDUCATION List education from most recent i.e. universities, college, business/trade schools or high school / equivalency. Attach diploma's, certificates, transcripts, certifications.

(Name/City/Degree/Date)

(Name/City/Degree/Date)

(Name/City/Degree/Date)

Certifications: _____

Related courses/training:

Other Experience in Life as related to the Position you are applying for:

WORK EXPERIENCE (Most recent first)

1. _____

Position	Dates
_____	_____
Company/ Agency Name	Address
_____	_____
Phone	Supervisor
_____	_____
Duties of your position	

Reason for Leaving (required)	

2. _____

Position	Dates
_____	_____
Company	Address
_____	_____
Phone Supervisor	Supervisor
_____	_____
Duties of your position	

Reason for Leaving (required)	

3. _____

Position	Dates
_____	_____
Company	Address
_____	_____
Phone Supervisor	Supervisor
_____	_____
Duties of your position	

Reason for Leaving (required)

4. _____

Position

Dates

Company

Address

Phone Supervisor

Supervisor

Duties of your position

Reason for Leaving (required)

VOLUNTEER EXPERIENCE (Most recent first)

1. _____

Position

Dates

Agency

Address

Phone

Supervisor

Duties of your position

Reason for Leaving

2. _____

Position

Dates

Agency

Address

Phone

Supervisor

Duties of your position

Reason for Leaving

Please list any skills, abilities, interests, etc., which would support you in the position
(Example: Office machines, writing, public speaking, or speaking another language etc.)

REFERENCES: 3 work related references are preferred in support of position applied for, or personal character references, non- family related references

1. _____
Name Phone Number email address

Address City Zip

2. _____
Name Phone Number email address

Address City Zip

3. _____
Name Phone Number email address

Address City Zip

Attachments Recommended: letters of Reference, copy of diploma's, certificates, training, college transcript, awards.

If considered for hire the applicant must provide a copy of current valid driver's license, proof of insurance at 100/300., submit to background check (finger print clearance) and reference check.

I, _____ attest that the facts set forth in this application and any
Applicant Name/ Signature
attachments I have provided are true and complete.

In affiliation with MCAVHN as a staff, intern, volunteer, Board and/or Committee Member, I may learn certain facts about individuals being served by MCAVHN which are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation and relations with family members. I understand all such information including the identity of the individual, must be treated as completely confidential and will remain confidential even after I terminate my service with MCAVHN. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with MCAVHN and authorized by MCAVHN to have such information, without the specific consent of the individual to whom such information pertains. Failure to comply with this may result in release from affiliation with MCAVHN. A volunteer is any individual who performs a service without pay. Staff/volunteers shall adhere to all policies and procedures. The Executive Director shall have the final responsibility for placement, supervision and termination of all staff/volunteers.

By signature I attest to understanding, acknowledging and will abide by the above information as stated:

Signature: _____ Date _____

MCAVHN Care and Prevention Network is an Equal Opportunity Employer

Acknowledgement of Receipt

A copy of this acknowledgement will be kept in our records. Please return to Executive Director, MCAVHN Care and Prevention Network in person or my mail at 148 Clara St., Ukiah CA 95482

Employees: I understand and agree that the staff relationship is mutually terminable at will, and by either of us, at any time during my employment. MCAVHN is an At Will Employer.

Volunteers: I understand that the employee relationship is mutually terminable at will by either volunteer or MCAVHN, at any time during volunteerism.

Employees and Volunteers: I am free to resign for any reason, and at any time, and similarly, the organization is free to terminate our relationship at any time or for any reason it believes to be sufficient (At Will Agency). No supervisor, manager, or other person with or acting on behalf of the organization has the authority to change the terminable at-will nature of the relationship as just described. It can only be changed if it is obtained in a separate individually written agreement that is signed by the Executive Director of the organization and by you and which is approved by the MCAVHN Board of Directors

My signature below certifies that I understand and agree to the above. It is the sole and entire agreement between MCAVHN and me, and supersedes all prior agreements, understandings, and representations concerning my staff/volunteer relationship with the organization.

Staff/Volunteer's Signature

Date