



# APPLICANT PACKET

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800 Quintana Road, Suite 2-C • P.O. Box 877 • Morro Bay, CA 93443  
805/772-6066 • FAX: 805/772-6067 • [www.optionsfs.org](http://www.optionsfs.org)

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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 intellectual 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 and driving record. This investigation will include a review by the Criminal Justice Information System and confidential inquiries and reference checks.

OPTIONS places a high value on in-service training and you will be required to complete a comprehensive paid training program in order to maintain your employment.

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,

A handwritten signature in black ink that reads "Erin Tidmarsh". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Erin Tidmarsh  
Human Resources Director

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***"Full Inclusion"***

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**OPTIONS**  
FAMILY OF SERVICES

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

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## APPLICATION FOR EMPLOYMENT

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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:

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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)

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

Telephone No. Home:( ) \_\_\_\_\_ Cell:( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

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

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

In case of emergency, notify: \_\_\_\_\_  
 Name Telephone  
 \_\_\_\_\_  
 Address

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\_\_ If no, please state your age \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? (You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.) Yes\_\_ No\_\_  
 If "yes", please explain \_\_\_\_\_

Are you available to work overtime if requested? Yes\_\_ No\_\_

Would you be willing to transfer to a different OPTIONS' program or site from the one for which you may be initially hired? Yes\_\_ No\_\_

List names of three persons who can information about your background, character, abilities, etc.

Name	Address	Telephone Number	Relationship to You (friend, employer, etc)

**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: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever been terminated (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			High School Diploma/GED	
			Yes No	
			(circle one)	
College			Yes No	
			(circle one)	
			Degree:	
Graduate School			Yes No	
			(circle one)	
			Degree:	
Trade or Business School				
Other				

Other training you have received (including specific related education courses, etc.) \_\_\_\_\_

Special qualifications and skills (including licenses or Certificates of Competence held) \_\_\_\_\_

Other information or outside experience you wish considered or professional associations of which you are a member \_\_\_\_\_

**DRIVER'S QUESTIONNAIRE**

- Do you currently possess a valid driver's license? Yes\_\_\_ No\_\_\_. If so, what state? \_\_\_\_\_  
License No. \_\_\_\_\_
- Has your license ever been revoked or suspended? Yes\_\_\_ No\_\_\_
- Number of years driving experience: \_\_\_\_\_
- Do you have a car available? Yes\_\_\_ No\_\_\_ (*Employees are sometimes required to use their own cars in fulfilling job responsibilities.*)
- Do you presently have points on your driving record? Yes\_\_\_ No\_\_\_ If so, how many? \_\_\_\_\_
- Have you had an "at fault" accident in the last five (5) years? 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 Chief Executive Officer, Human Resources Director, or their designee 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 intellectually 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.

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Signature of Applicant

Date





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

## DRUG-FREE WORKPLACE POLICY AND PROGRAM

### POLICY

OPTIONS Family of Services, Inc intends to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees OPTIONS Family of Services, Inc.

OPTIONS explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on OPTIONS or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from OPTIONS' or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the OPTIONS' reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the OPTIONS or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the OPTIONS' reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the OPTIONS or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

OPTIONS will conduct drug and/or alcohol testing under any of the following circumstances:

- **FOR-CAUSE TESTING:** OPTIONS may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

I hereby agree, upon a request made under the drug/alcohol testing policy of OPTIONS Family of Services, Inc, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have OPTIONS and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to OPTIONS and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize OPTIONS to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized OPTIONS officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless OPTIONS, its company physician, and any testing laboratory OPTIONS might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a

Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless OPTIONS, its company physician, and any testing laboratory OPTIONS might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT OPTIONS WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

**California Proposition 64**

Employers in California may continue enforcing their drug-free workplace policies regardless of whether their employees use marijuana for medical or recreational purposes. When California voters passed the "Control, Regulate, and Tax Adult Use of Marijuana Act" (the "Act"), commonly known as Proposition 64, the recreational sale, possession and use of marijuana by adults 21 years and older was legalized under state law. While at present it is legal for adults to use marijuana in their private residences, possess up to 28.5 grams of the drug, and grow up to six plants indoors, possession, use and sale of the drug remains illegal under federal law.

The Act contains specific language that allows California employers to develop or maintain drug-free workplace policies. The Act applies equally to employers who have employees who use for medical and non-medical reasons. It does not require an employer to allow or accommodate the use, consumption, possession, transfer, display, transportation, sale, or growth of marijuana in the workplace, or prevent employers from complying with state or federal law.

***I acknowledge that I have received and read this information.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? .....  YES  NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? .....  YES  NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.**

<b>I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.</b>			
FACILITY/ORGANIZATION NAME		FACILITY/ORGANIZATION NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

**I. Instructions to Respondents:**

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

*(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)*

What was the offense? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In which state and city did you commit the offense? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did this occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us what happened. (Use additional sheets of paper if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**II. Instructions to Licensees:**

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**NOTE: IMPORTANT INFORMATION**

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.